NE FLAN	TOF CEPICIENCIES OF CORRECTION	8 MEDICAID SERVICES (MI) PROVIDENCIA MENTERCIA MENTERCATION NUMBER	DOMESTICAL PROPERTY OF THE PRO	iai a construction	(X3) DX	. 0938-0: TE SURVEY
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NUMBER OF	PROVIDER OR SUPPLIER		B. WING	(a	05	114/2014
		FRUTHERFORD COUNTY LLC		Street Address, City, State, 2000 202 Enon Springs Road East Smyrna, Th 37487	305	
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(F 600)	PHITAL COMMENT	s	(F 00)	Disclaimer for Plan of Correcti	<u>on</u>	1
-	Alegation of Complito remove the Immeritary 11", F324 luvel "K", F333 level "L", F425 F501 lovel "L", F520			Preparation and/or execution Correction does not constitute or agreement by Christian Carrection County of the truth alleged or conclusions set fortistatement of deficiencies. Chr Center of Rutherford County find Correction solely because it	an admission e Center of n of the facts h in the istian Care lles this Plan is recuired to	
;	and F 309, and an F 303, F 303	2014, removed the but non-compliance vel Scope and Severily for F pe and Severily for F 224 "Scope and Severily level is, F 400, F 501, and F 520, oring the effectiveness of order to ensure sustained union of the processes by e Committee.		do so for continued state licen health care provider and/or for pation in the Medicare/Medica	r partici- aid program. t any he time of, or eserves all dings ution, formal le legal or his Pian of	
	was conducted from a 23, 2014, and a revis Rocerlification stovery conducted from April 2014. The facility was conducted for facility was	February 4, 2014) was 14, 2014, itrough April 24, s found to have continued lure to follow physician's I algoritaan medication vare cited related to		establishing any standard of ca facility submits that the actions in response to the survey finding exceed the standard of care. To document is not intended to we defense, legal or equitable, in a strative, civil or criminal process.	ire, and the staken by or! ngs far his aive any admini-	
	1914, the facility was Jeoperdy, (a situation	n conducted Andi 14.24	NVAE	TIPLE	; ;	KO DAZE
	Jun Hay	for 1 to 5	Ada	an may be oxcused from correcting pro-	1.101	id

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				STREET ADORESS, CITY, STATE, 2P CODE 202 ENON SPRINGS ROAD EAST		
CHRISTIAN CA	ARE CENTER O	F RUTHERFORD COUNTY LLC		SMYRNA, TN 37167		
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Jeoph nond send Subsensumed order #3, r failed facilit med mon for re phys #14, thirty syste prote ensu- order of m mon of lar rece The Con- Con- Con- Con- Con- Con- Con- Con-	compliance had bus injury, harm standard Qualities a systematication reconcilers with facility a resulting in residuation reconcilers with facility admission or ication reconcilers for blood sugal esident #14. The residents are medication reconciler physician are medication reconciler physician are medication reconciler physician are medication reconcilers are medication reconcilers. F224-K, F25-L, F490-L, F35-L, F490-L, F490-	on in which the provider's of caused, or is likely to cause of caused, or is likely to cause of caused, impairment, or death), and by of Care. The facility failed to coprocess was in place for liation for hospital discharge admission orders for resident dont #3's neglect. The facility hospital discharge orders with refers and failed to follow-up on the facility failed to follow-up on resident #19, and failed to rs and insulin administration the facility failed to follow r eleven residents (#3, #19, #24, #26, #28, #29, #30) of reviewed. The facility's ensure staff followed ands of practice in order to orders for accurracy and is were administered as follow-up on the facility's audits incitiation errors, and failure to rs and insulin has the potential ardy for any resident who in. Id an Immediate jeopardy at 281-K, F-309-K, F333-L, 501-L, and F520-L. Regional Administrator and Director of Nursing, Nurse and Director of Nursing, Nurse and Director of Nursing, Nurse and Director of the Immediate 24, 2014, at 10:55 a.m., in the	{F 00	(6)		

Faulty ID: TN7500

DEPARTMENT OF HEALTH AND NUMAN SERVICES CENTERS FOR MEDICARE'S MEDICAR

PRINTED: 05/2//2014 FORMAPPROVED OMB NO. 0938-0394

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		<u>O</u>	<u>49 NO. 0938-0391</u>
	OF DEFICIENCIES FIGURACOTION	(X1) PROV DEDSJPPLIER/DUA IDENTFIQATION MUNGSR:		RIPHONAN RUCTIONS	(x3) date survey Completed
		445502	0. WING_		R 05/14/2014
NAME OF F	TROVIDER OR SUPPLIER		··· •	STREET ADORESS, CITY, STATE, ZIP CODE	·
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{E 000}	Continued From pa	gę 2	(AF 400));	
	An partial extended April 24, 2014.	I survey was conducted on	•		·
	The Immodiate Jed 2014, and was one	ppardy was effective March 14, going.			·
{F 157} SS=D	F309-K, and F333-	IFY OF CHANGES	{F 157	ŋ <u>F 157</u>	
	consul; with the restrown, notify the recordent involving transport accident involving transport and the properties of the properties of the consequences, or a treatment); or a destroyal and the consequences, or a treatment); or a destroyal and the consequences, or a destroyal and the consequences.	ediately inform the resident; ident's physician; and if esident's legal representative ally member when there is an the resident which results in extential for requiring physician ificant change in the resident's resychosocial status (i.e., a lith, mental, or psychosocial threatening conditions or mas); a need to offer treatment need to discontinue an atment due to adverse a commence a new form of cision to transfer or discharge to facility as specified in		Christian Care Center of Rutherford Coubelieves its current practices were in compliance with the applicable standar care, but in order to respond to this cite from the surveyors, the facility is taking following additional actions: Corrective Actions for Targeted Resident was notified of medication errors involved Crestor, PhosLo, Mirtazapine, and Protective Director of Nursing on 4/25/14. Identification of Other Residents with Potential to be Affected Current residents have the potential to	d of ation the ats #19 ving onix by
	and, if known, the r or interested family change in room or specified in §483, resident rights and	so promptly notify the resident esident's tegal representative member when there is a roommate assignment as 5(e)(2); or a change in er Federal or State taw or eiffed in paragraph (b)(1) of		affected by this practice. The facility-N Staff will notify residents' treating physician(s), as well as the residents' responsible party, on the day of discov any medication errors experienced by the residents. Nursing Staff will also docur any medication errors on the 24-hour any medication errors experienced by the errors on the 24-hour any medication errors experienced by the errors on the 24-hour any medication errors experienced by the errors of the 24-hour any medication errors experienced by the errors of the 24-hour any medication errors experienced by the errors of the 24-hour any medication errors experienced by the errors experienced by the errors of the 24-hour any medication errors experienced by the errors of the 24-hour any medication errors experienced by the errors of the errors experienced by the errors of the errors of the errors of the errors experienced by the errors of the errors o	ery, of facility- nent Nursing

Report to communicate medication error

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

PRINTED: 05/27/2017 FORMAPPROVED OMB NO. 0938-0391

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(F 157) Continued From	page 3	(F 157)	issues with the Administrative Staff	-	

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of Medication Reviews/3 Month Reviews, review of facility policy, and interview, the facility failed to notify the physician of medication errors for one resident (#19) of thirty-one sampled residents.

The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revist on May 13, 2014, and May 14, 2014, revealed the corrective actions implemented on May 2, 2014, removed the immediacy of the joopardy.

Noncompliance for F-157 continues at a "D" level citation for the facility's monitoring the effectiveness of corrective actions in order to ensure sustained compliance and evaluation of the processes by the Quality Assurance Committee.

The findings included:

Resident #19 was admitted to the facility on February 20, 2014, and readmitted to the facility on March 27, 2014, with diagnoses including Acute Edema, Hypertension, Chronic Kidney Disease, Heart Disease, End Stage Renal Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Parkinson's Disease, and Dementle.

Medical record review revealed Resident #19

admission orders from the facility-pharmacy matching the discharge orders from the previous provider, ensuring all pages were faxed to the pharmacy and reconciled correctly onto the MARs, was conducted by the DON and Nurse Consultant beginning 4/18/14 and completed on 4/22/14. The results of these admission/re-admission order audits and the actions taken by the DON and Nurse Consultant are as follows: Orders not transcribed correctly onto the MAR affected nine residents. These residents' medications were reconciled correctly onto the MAR by the Nurse Consultant on 4/22/14. Omission of medication administration doses affected two residents. MD and family were notified of errors on 4/22/14 by the Nurse Consultant. Nursing education of licensed staff by the DON occurred on 4/24/14 regarding these errors. Also, on 4/25/14, the DON re-wrote clarification orders for all resident charts cited for this issue by matching current orders to current MARs to ensure Physician's orders are followed and medication reconciliation is correct. Remaining residents' medications were reconciled during the monthly MAR change-over procedure by Nursing Staff on 4/28/14. This MAR change-over was doublechecked for accuracy by the Nursing Consultant on 4/28/14 and 4/29/14 to ensure accurate resident medication reconciliation occurred. Beginning 4/22/14, the new procedure of two nurses reconciling discharge orders from the hospital/previous provider with the physician's orders/MARs sent by the facility-pharmacy was initiated. The Admitting

DEPARTMENT OF HEALTH AND LIDIAN REQUIRES

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STOLE WENT OF DEPOCENCIES (ST) PROVIDER-SUPPLAL WOLLD AND FLORIDED CORRECTION (DEMTFICATION TOURSET)		(X2) MULTIP A POILE NO	LE GENEL PLETTEN	(X2) DATE STRAGA	
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		OF RUTHERFORD COUNTY LLC		TREST ACCINESS. CITY, STATE, ZUP CODE 202 ENON SPRINGS ROAD EAST EMYRNA, TN 37167	<u> 1 (31)4/29)4</u>
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{F 157}	fer Chronic Kidner review of the hosp Rec (Record) form revested no order 667 mg (milligram with phosphorus in the also revealed no capitatatin medicali	rage 4 realment three days per week y Disease. Medical record ital Discharge Med (Medical) it dated March 27, 2014, for Phoslo (Calcium Acetate) s), a medication used to bind in the body to decrease the level the blood. Continued review irder for Creater 20 mg (an on used to lower cholestorel). the Discharge Med Rec (arre	{₽ 157}	Nurse will place a telephone call to the admitted resident's attending physicia review/accept orders. Any clarification given by the admitting physician will be by the admitting nurse as telephone of and faxed to the pharmacy with the admission/re-admission orders brough EMS/accompanied with the resident. Beginning 4/18/14, the new procedure DON reconciling all admission/re-admis	n to n orders e taken rders at by e of the ssion f

Medical record review of Physician's Orders (Recapitulation orders) dated March 27, 2014. through March 31, 2014, revealed a medication order for "...Calc (culcium) Acetate Cap 667 mg 1 capsule PO (by mouth) with meals...For PhosLo...* Continued review of Physician's Orders revealed a medication order for "... Crestor tab (tablet) 20 mg 1 tablet PO at bedfime..." Further review of the Physician's Orders for March 27, 2014, through March 31, 2014, revealed no medication orders for Mirlazapine (Remorph) or Protonix.

Further review of the Discharge Med Roc form

artidepressant medication) and Protonix 40 mg

(a stemach medication used to control acid in the

revealed orders for Mirlazapine 7.5 mg (an

Medical record review of the Medication Administration Records (MARS) dated March 27, 2014, through March 31, 2014, revealed the resident received both Calcium Acetate and Crestor March 28, 2014, through March 31, 2014, Continued review of the MAR revealed the resident was not administered Mirtazapine or Protonix.

Médical record review of the April 1, 2014.

Systematic Changes

the DON.

Mandatory in-services were conducted for licensed staff by the Nurse Consultants on 4/28/14 and repeated on 4/29/14 in three sessions, regarding the need to notify residents' treating physicians, in addition to the Attending Physician, as well as the resident's family/responsible party, of medication errors experienced by the residents. This in-service for licensed staff by the Nurse Consultants also addressed the need to pull the residents' charts as a guide for monthly MAR change-over, to ensure all current orders are noted, and not just comparing new month/s MARs with the previous month's MARs. Licensed nurses were also educated by the Nurse Consultants to document any medication errors onto the 24-hour Nursing Report to communicate medication error issues with the Administrative Staff. This

orders will be completed by the Nursing

Supervisor on weekends or in the absence of

stomech).

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<u>CLNTERS</u> F	OR MEDICARE	<u>& MEDICAID SERVICES</u>			FCHMAPERGYEE IB NO. 0938-8391
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thront MAF order order order order order than the proving the proving and the proving the	TS revested the ers for Mirtezopi inally been omitted initially been omitted initially been omitted review of the for April 2014 ontinued these initialities of the phall Physician's Orders of the Calcius of the Calcius of the orders of the orders of by the pharmalent #19 continuications without Crestor), and fai	go 5 114, Physician's Orders and pharmacy had included the ine and Protonix which had led from the resident's facility on March 27, 2014. If the Physician's Orders and 4, revealed nursing medications during March 27, 2014, Physician's Orders medications during March 27, 2014, Physician's Orders and MARS revealed nound Acetate or Crestor (which y pharmacy from the original orders and Physician's Orders of MARS revealed nursing to match the March 27, 2014 and MARS revealed nursing to match the March 27, 2014 and MARS which had been acy in error. Therefore and reconstruction order (Calcium Acetate and December 2) and Protonic the december 2.	₹F 15	mandatory in-service for licensed staff on 4/28/14 and 4/29/14 by Nurse Consultan also informed the nurses that after review the Standing Orders with the Medical Director, there is no longer a facility prote for sliding scale insulin administration – effective 4/29/14. Per the Medical Direct approval, sliding scale insulin administrativill follow the physician's discharge order from the hospital/previous provider. Pharmacy was notified of this revision for Standing Orders on 4/29/14. Nurses were also educated that only hospital/previous provider's discharge orders brought by El or accompanied with the resident if not transported by EMS, are acceptable. All facility licensed nurses on staff attended of these in-services. Newly-hired nurses agency nurses will be educated by the DC prior to reporting to the floor for the first time, of the need to notify residents' trea physicians – not just the Attending Physic and resident's responsible party of medic errors experienced by the resident,	ets wing ocol tor's ion rs e s MS, one and DN, tring

Medical record review of Medication Reviews 3 Month Review dated April 4, 2014, revealed "... (Facility) Medication Reviews 3 Month Review...3-27-14 re-admit...pharmacy omitted...Protonix...Remeron (Mirtazapine), the pharmacy also added Crestor and Phosio (Calcium Acetate) without an order. This was not caught by nursing. The April POS (Physician's orders) from the pharmacy were correct, however when the nurse checked the POS (Physician's orders) (the nurse) changed all the orders to match March's MAR..." Further review of facility

had been ordered by the discharging hospital

from March 27, 2014, through April 17, 2014.

Monitoring

A monthly audit of the 24-hour Nursing Reports, Medication Error Reports, and any medication-related issues arising from monthly MAR change-over will be conducted by the DON to ensure residents' treating physician(s) are notified immediately, should a medication error occur. Results of these medication error audits will be presented by

documentation of errors onto the 24-hour

orders during monthly MAR change-over.

Nursing Report, and pulling charts for current

CEPAR	TAPAT OF HEALTS	KAND HUMAN SERVIÇES		一种人们	VTED: 03/23/2014
CENTE	<u>RS FOR MEDICARI</u>	E & MEDICAID SERVICES): F1589	'ORMAPPROVED 3 NO. 0938-0391
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NAME CE	PROMOER CR SUPPLIER	.2 0	1	STREET ADDRESS, CITY, STADE, ZEP CODE	
CHRIST	AN CARE CENTER C	PF RUTHERFORD COUNTY LLC] :	202 ehon Springs Road East Smyrna, Tin 37467	
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	3 Month Review was Consultant #1 to the and Administrator of Interview with the D on April 17, 2014, a Room, confirmed the April 2014, Physicial incorrect. Continued the medications, Phost Crestor without a phonogramed the resident confirmed the resident was aware the resident was aware the resident was aware the resident conditions that was aware the resident of Abetate and Crestor did not receive ordered and Protonix, through Interview with Nurse 2014, at 9:10 a.m., it confirmed neither the had contacted the resident of the resident of the resident of the resident of the phonogram of the resident	saled the Medication Reviews is sent by email from Nurse to Director of Nursing (DON) on April 4, 2014. ON and Nurse Consultant #1 to 2:55 p.m., in the Conference to resident's March 2014, and in's orders and MARs were dinterview confirmed the oreceive discontinued to (Calcium Acetate) and systems order, and and did not receive ordered upine and Protonix from March 17, 2014. Further Interview DON and Nurse Consultant for resident was receiving the not ordered, and became was not receiving ordered 4, 2014, and confirmed both meet the medication errors, and without physician orders, and red medications, Minazapine	{F 157}	the DON to the monthly Performance Improvement Committee for review and recommendations until desired threshold 100% has been met for three consecutive months, then quarterly. A Performance Improvement Committee meeting, consist of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was conducted on 5/22/14, and results of the above audits were found to be in continue compliance. The audits will continue to be completed monthly for three months as a recommendation from the Performance Improvement Committee and will continue be reviewed monthly by the Performance Improvement Committee for recommendations regarding monitoring frequency, adjustments to monitoring, and system changes. The Administrator and Di will follow up on recommendations from the Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee to assure continued compliance. The monthly Performance Improvement Committee, Director of Nursing, Assistant Director of Nursing, Director of Nursing, Assistant Director of Nursing, Director of Activities, Director of Dietary, Director of Activities, Director of Dietary, Director of Activities, D	cing d d e to Vor DN ne y r of nan
i	2014, at 2:20 p.m., b physician had not be	alysis Physician on April 24, by phone, confirmed the sen contacted by the facility offs medication errors.		Housekeeping/Laundry, Maintenance Director, Director of Social Services, Therap Manager, Consultant Pharmacist, and Line Staff Nurse.	y 5/22/14

Validation of the Credible Allegation of

PRINTED: 05/27/2014

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORM APPROVED B NO. 0938-0391
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	13, 2014, and May record reviews, revisinterviews with Nurs Medical record reviews notes dated April 25 Director of Nursing, and the resident's remedication errors. Medical record reviet the resident was really the resident with the physician Administration of administration of administration of administration reconciliation reconciliation admission/readmission/r	complished on-site on May 14, 2014, through medical ew of facility documents, and sing and Administrative Staff. Ew of Resident #19's nursing 2014, revealed the Interim notified the dialysis physician responsible party of the exponsible party of the exident #33 revealed dimitted to the facility on May review of the physician orders revealed the orders has been sician and signed by two dical record review of the ration Record from May 8-13, esident received medications ovidence of audits of ission/re-admission orders, all nursing staff related to a fine dication errors, on physician order and and shift to shift audits sliding scale insulin, sliding and physician standing	{F 15	77}		
- 4 1	held on April 28, 2014 admission/readmissi	nce Improvement Meeting				

notification process and establish a plan to

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	Provider dr supplies IAN CARE CENTER (OF RUTHERFORD COUNTY LLC		STREET ADDRESS, CITY, STATE, 219 COUL 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	<u>05/14/2014</u>
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{F 224} \$\$=6	medication orders Interviews with Nur. 13-14, 2014, through nursing staff had befor now admission/reconciliation, pharecross, and physicial three facility will rem Scope and Severity that constitutes no more than minimal Jeopardy until it procorrection and come 483.13(c) PROHIBI MISTREATMENT/N The facility must do policies and proced mistreatment, negle-	otification for clarification of and medication errors. Ising Staff on all shifts May groun the facility, revealed the een in-serviced on the protocol readmission medication order macy protocol, medication an standing orders. ain out of compliance at a vievel "D" a deficient practice actual harm with potential for harm, that is not immediate wides an acceptable plan of ections are verified on-site T	{F 224}	F 224 Christian Care Center of Rutherford Coobelieves its current practices were in compliance with the applicable standar care, but in order to respond to this cite from the surveyors, the facility is taking following additional actions:	d of ation
	by: Based on medical a lacility investigation, laited to ensure one ordered medication, hospital stay, resulti critical condition, of The facility's failure	IT is not met as evidenced review, review of a and Interview the facility resident (#3) received for 15 days following a in rehospitalization in thirty-one residents reviewed to administer prescribed in neglect. The facility's		Corrective Actions for Targeted Resider Resident #3 was transferred to acute or 3/29/14. Resident #3 returned to the fon 3/31/14. Resident #3's medications reconciled from the previous provider accurately on 3/31/14 by the Director of Nursing. Resident #3 was discharged frifacility on 4/1/14.	are on acility were

DEPARTMENT OF NEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

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	CENTERS OR MED	ICARE & MODICAID SERVICES		O	MB NO. 0938-039	
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	CHRISTIAN CARE CEN	TER OF RUTHERFORD COUNTY LLC	202 ENON	oress. City, State, Zip Code Sifferos road east (TN 37167		
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(F 224) Continued From page 9

neglect of the resident placed resident #3 in Immediate Jeopardy (a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident). The facility's systemic failure to ensure post-hospital discharge orders were reconciled with facility admission orders to ensure all ordered medications are provided in accordance with physician's orders was likely to place any resident admitted/re-admitted from the hospital in Immediate Jeopardy.

The Administrator, Regional Administrator Consultant, Assistant Director of Norsing, Norse Consultant #1/Acting Director of Norsing, Norse Consultant #2, Norse Consultant #3, Vice-Prosident of Client Operations, and Medical Director #1 were informed of the Immediate Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

The Immediate Jeopardy was effective March 14, 2014, and was ongoing.

An extended survey was conducted on April 24, 2014.

The facility provided an acceptable Allegation of Compliance on May B, 2014, and a revisit on May 13, 2014, and May 14, 2014, revealed the corrective actions implemented on May 2, 2014, removed the Immediacy of the Jeopardy.

Noncompliance for F224 continues at "E" level citation for the facility's monitoring the effectiveness of corrective actions in order to ensure sustained compliance and evaluation of the processes by the Quality Assurance

F 224 Identification of Other Residents with Potential to be Affected

Residents newly-admitted and re-admitted to. the facility have a potential to be affected by this practice. A 100% audit of active residents' admission/re-admission orders from the facility-pharmacy matching the discharge orders from the previous provider. ensuring all pages were faxed to the pharmacy and reconciled correctly onto the MARs, was conducted by the DON and Nurse Consultant beginning on 4/18/14 and completed on 4/22/14. The results of these admission/re-admission order audits and the actions taken by the DON and Nurse Consultant are as follows: Orders not transcribed correctly onto the MAR affected nine residents. These residents' medications were reconciled correctly onto the MAR by the Nurse Consultant on 4/22/14. Omission of medication administration doses affected two residents. MD and family were notified of errors on 4/22/14 by the Nurse Consultant. Nursing education by the DON for licensed staff regarding these errors occurred on 4/22/14. Beginning 4/22/14, the new procedure was initiated of two nurses reconciling discharge orders from the hospital/previous provider with the physician's orders/MARs sent by the facilitypharmacy with both nurses' signatures on the hospital discharge orders and the MAR sent by the facility-pharmacy. The Admitting Nurse will place a telephone call to the newlyadmitted resident's attending physician to review, adjust, and accept admission orders. Any clarification orders given by the admitting

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STATEMENT OF DEPCHANCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER SUPPLIER OLIA (DENTIFICATION NUMBER:	A. OUILON	IPLE CONSTRUCTION WE	OXS) DATE SURV COMPLETE	
NAME OF DE	COVIDER OF SUPPLIER	445502	B. WIBO		05	R /14/2014
	n care center c	F RUTHERFORD COUNTY LLC		STREET AUDRESS, CITY, STATE, ZIP CODE 202 ENGN SPRINGS ROAD BAST SMYRNA, TN 37167	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREPIX TAG	(EACH DEF CIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUM SCILLENT FAINS INFORMATION,	JD PAEFIX TAG	PROVIDER'S PLANGE CORRECT LEAGH CORRECTIVE ACTION SHOP CROSS-REFERENCED TO THE APPR DEFICIENCY:	비지마	/x5) COMPLETION BIND

(F 224) Continued From page 10 Committee.

The findings included:

Resident #3 was admitted to the facility on December 26, 2012, and readmitted to the facility on March #4, 2014, with diagnoses lockuding Respiratory Failure, Chronic Atrial Fibrillation. Sinonal Node Dystunction, Pnoumonia, Chronic Obstructive Pulmonary Disease, Hypertension, and Cerebral Vascular Accident.

Medical record review of the hospital Discharge Mod (Medication) Rec (Reconciliation) form dated March 14, 2014, revealed the hospital Discharge Med Rea form contained a total of 6 pages of medications ordered for the resident upon discharge from the hospital and readmission to the facility. Continued review revealed the Discharge Med Rec form for pages 1 and 2 included physician's orders for the resident to continue the following medications on readmission to the facility: Cournadia (blood kinner) 2.5 mg (milligrams) and 1 mg daily for a total of 3.5 mg at 4:00 p.m., Lipitor (statin thug for cholesterol management) 10 mg at bedtime, Coreg (heart medication to regulate heart rate) 25 mg twice per day, Digoxin theart medication to slow heart rate and control rhythm) 0,125 mg once por day, Cardizem (heart medication to control heart rate and blood pressure) 120 mg once per day, and Lisinopril (medication to control high blood pressure) 10 mg once per day.

Madical record review of Physician's Orders (recapitulation orders) for March 14, 2014. through March 31, 2014, revealed no orders for the following medications: Coumadin, Lipitor, Coreg, Digoxin, Cardizem, or Lisinopsil,

(F 224)

physician will be taken by the Admitting Nurse as telephone orders and faxed to the pharmacy with the admission/re-admission orders brought by the EMS/accompanied with resident. Upon investigation, it was discovered the root cause of this issue was that more than one set of admission/ re-admission orders from the previousprovider were being faxed to the pharmacy, and in this case, not all pages of admission orders were faxed to the pharmacy. Beginning 4/18/14, only one set of admission/ re-admission orders, brought by EMS/ accompanied with resident, will be faxed to the pharmacy to avoid this confusion. Beginning 4/22/14, the new procedure was initiated of the Consultant Pharmacist conducting a daily audit, on-site at the facility, of hospital/previous provider discharge orders to ensure accurate medication reconciliation from the previous provider was received by the pharmacy, and that all pages of admission/re-admission orders were received by the pharmacy. On-call pharmacist will conduct this audit, on-site at the facility, of medication reconciliation of new admissions/re-admissions on the weekends. This daily audit of admission/re-admission orders by the pharmacist will be on-going until desired threshold of 100% is met for three consecutive months; then quarterly. Also, on 4/25/14, the DON re-wrote clarification orders for all resident charts cited for this issue by matching current orders to current MARs to ensure physician's orders are followed and medication reconciliation is correct. Remaining residents' medications were reconciled during the monthly MAR change-

DEPARTMENT OF HEALTH AND HUMAN SERVICES FRINTED: 03/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORMAPPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORFECTION OMB NO. 0938-0381 (N): PAROV DERGS UPPLIANDUM IDUTH FICATION NUMBER: NOT OUT THE GONSTRUCTION OF /X3) EATE SURVEY A BUILDING COMPLETED 445502 E. WIND NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET AUDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC ZUZ ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFINIENCIES (X4) (å PREFØ PROVIDERS PLANCE CORRECTION Œ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETIÇÃO PREFIX JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAC QATE DEFIC ENCY: over procedure by Nursing Staff on 4/28/14. (F 224) Continued From page 11 {F 2241 This MAR change-over was double-checked for accuracy by the Nurse Consultant on Medical record review of the Medication Record 4/28/14 and 4/29/14 to ensure accurate (form used to document medication resident medication reconciliation occurred. administration: MAR) dated March 14, 2014 through March 31, 2014, revealed two pages of Systematic Changes medications, neither of which included the Cournadin, Lipitor, Coreg, Digoxin, Cardizem, and On 4/18/14, the Director of Nursing initiated Lismopril. in-services for licensed staff regarding the Medical record review of a nurse's note dated new Medication Reconciliation Procedure of March 30, 2014, revealed, "...Late entry for two nurses reconciling discharge orders from

3/28/14. At approx. (approximately) 3 p.m. this nurse was called to resident room to assess resident. Resident in bed with eyes closed, shaking et (and) c/o (complained of) being cold, Resident eleri et responsive. Vital signs T (temperature) 100.8 orally, P (pulse) 138 (normal range 60-100), R (respirations) 27, BiP (bload pressuro) 156/92, O2 (oxygen) 78 % (percent) via (by) no (nasal cannula) at \$ L₱M (liters per minute). This nurse instructed patient to breatne in through nose of out through mouth. O2 increased to 83%. Nurse applied a non-repreather oxygon mask et O2 increased to 86-92% fluctuating. Nurse notified MD (medica) doctor) of pt (patient) status et N/O (new order) to send to ER (emergency room) for eval (evaluation) et tx (treatment)..." Continued review revealed, "...late entry for 3/29/14 5 pm. ER staff called et stated they needed a copy of resident's MAR. This nurse taxed MAR to number provided while on phone inquiring about resident's status. No new diagnosis from hospital at this time. This nurse was informed that diagnostic testing was still being performed..."

Medical record review of a nurse's note dated April 8, 2014, timed 2.49 p.m., and signed by the Director of Nursing (DON) revealed, "...Upon

the hospital/previous provider with the physician's orders/MARs sent by the facilitypharmacy with both nurses' signatures on both the hospital discharge orders and the facility-pharmacy MARs. In-service also included the need of the admitting nurse notifying and reviewing admission orders with the resident's attending physician for approval. In-service also included faxing to the pharmacy only one set of orders brought by EMS or accompanied with the resident. This education was ongoing by the DON until all nurses were educated, with 100% of nurses in-serviced by 4/29/14. Beginning 4/18/14, the new procedure of the DON reconciling all admission/re-admission orders daily was initiated. This audit of reconciliation of admission/re-admission orders will be completed by the Nursing Supervisor on weekends or in the absence of the DON. Newly-hired nurses and agency nurses will be educated by the DON prior to working on the floor, of the new Medication Reconciliation Procedure of two nurses verifying hospital/ previous provider discharge orders with orders sent by the facility-pharmacy, verifying

CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-039; STATE WENT OF DEPOSIONDIES (XI) PROVIDER/SUPPLE FROM IXP) MULTIPLE CONSTRUCTION AND FUSING FOODERECTION (XX) DATE SLRVEY IDENZIP GATION YEARS A. DE LORG COMPLETED 445502 B. WING 05/14/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (X4) 🗊 PROVIDER'S PLAN OF CORRECTION tO FREEDO (EACH DEFICIENCY MIST BE PRECEDED BY FULL ұ<u>р</u>ді есмечелим (EACH CORRESTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGIL ATORY OR LSC IDENTIFYING INFORMATION) TAG Tag PARCIENCY!

(F 224) Continued From page 12

chart review it is noted on the late entry dated 3-30-14 @ (#1) 730 a.m., (the note is for 3-28-14) the date for the late entry is incorrect and is actually for 3-29-14 which is when this resident was transferred to the ER for further eval and treatment..."

Medical record review of Emergency Room Provider Report dated March 29, 2014, revented the resident was evaluated in the emergency room. Continued review of the Emergency Room Provider Report revealed the resident had complained of shortness of breath and "...pt recently diagnosed with pneumonia...noted to be hypoxic with O2 sats (saturation, a measure of the exygen level in the blood) in the 70's (normal range 90-100). Further review revealed the resident's vital signs were documented as blood pressure 150/50, temperature 100.3, pulse 67, and respirations 20 at 4:06 p.m. Continued review revoaled, "... Cardiovascular: normal heart sounds, tachycardia (heart rate over 100), irregularly irregular..." Further review revealed the resident's vital signs were documented at 5:58 p.m. "...b/p 131/80, pulse 154, resp (respirations) 26, and temp 100.3...

Medical record review of emergency room lab roport dated March 29, 2014, reveated the resident's level of the Digoxin medication was reported as "...< (less than) 0.2 L (low)... Continued review of the emergency room report revealed the resident had an Electrocardiogram (EKG, diagnostic test to evaluate heart rate. mythm, and electrical pulses). Further review revealed the results of the heart monitoring test was "...A-Fib (Atrial Fibrillation) with RVR (rapid vontricular response) ... indicating the resident's heart rate and rhythm were abnormal. Continued [F 224] admission orders with the attending physician, and faxing only the set of orders to the pharmacy brought by EMS/accompanied with the resident. On 4/1/14, Pharmacy Personnel were in-serviced by the Regional Director regarding verifying all numbered pages of admission/re-admission orders and calling the facility to verify number of pages faxed. On 4/15/14, Pharmacy Personnel were in-serviced by the Regional Director to reconcile all orders received from the facility against the hard copy chart orders as a final review. Beginning 4/25/14, the new procedure was initiated of the pharmacy staff at Pharmacy Office #1, home office, assuming the function of order entry to ensure initial medication reconciliation accuracy. The pharmacist at Pharmacy Office #2 will be the second check once the order is filled. Beginning 4/25/14, all new orders, including admission/re-admission orders, will be

> · Order entry will be performed by pharmacy technician at Pharmacy Office

reviewed by four pharmacy staff by the

following procedure:

- Order entry/clinical review for accuracy will be conducted by the pharmacist at Office #1.
- · Packaging of product will be performed by the pharmacy technician at Pharmacy Office #2.
- Final review of product and medication orders will be performed by the pharmacist at Pharmacy Office #2.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR METICADE & MEDICAL RECEIVED.

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review revealed, "... Clinical Impression: Primary Impression: Pneumonia... Secondary Impressions: AFib, COPD (Chronic Obstructive Pulmonary Disease)..." Further review revealed the resident was admitted to the hospital for further treatment.

Medical record review of Consulting Physician #1's note dated March 29, 2014, revealed the resident was seen by a consulting physician in the hospital. Review of the record revealed, ...Reason for Consultation; Atrial fibrillation..." Purther review revealed the resident "...was found to be in atrial fibrillation with a ventricular rate around 170...(resident) has history of chronic atrial fibrillation, chronic heart failure, and had a stroke in Soptember 2012...Currently (resident) is on long term oral anticosculation (Coumadin)... Further review of Consulting Physician #1's note revealed, "...Diagnostic Studies: (Resident's) EKG shows atrial fibrillation with a ventricular rate around 185, low voltage, and poor Rayave progression ... Continued review of the consultation note revealed, "...Impression: 1. Afrial fibrillation 2. Acute...chronic heart failure...*

Medical record review of Consulting Physician #2's note dated March 29, 2014, rowaled, "...Assessment and Plan: 1. Atrial fibrillation with rapid ventricular response. Continue Cardizern drip initiated in the emergency room...2. Pneumonia...5. Subtherapeutic digoxin level. We will fead the patient with digoxin...and repeat level in the morning hours with further orders to follow..."

Medical record review of Hospitalist Physician's Progress Note dated March 30, 2014, revoaled, ...Subjective: The patient was noted to have

pharmacy procedure will not impede nor slow down medication and MAR delivery to the facility. Pharmacy Office #2's pharmacy technicians and pharmacists were educated on 4/29/14 by the Vice President/Clinical Director of Pharmacy Services in person regarding the new procedure of Pharmacy Office #1 assuming the function of order entry and the procedure of orders being reviewed by four pharmacy staff, from both offices, to ensure accurate medication reconciliation from previous provider. 100% of pharmacy technicians and pharmacists were present for this in-service. No agency staff is used by pharmacy #2. Pharmacy #1's pharmacy technicians and pharmacists were educated on 4/25/14 by the Vice President/Clinical Director regarding the new procedure of office #1 assuming all order entries and the procedure of orders being reviewed by four pharmacy staff from both offices. This inservice was repeated by the Pharmacy Operations Manager on 4/29/14: this ensured 100% pharmacy technicians and pharmacists were educated. Newly-hired pharmacy technicians and pharmacists will be educated during their orientation period by the Pharmacy Operations Manager regarding new order entry system, new facility cover sheets for faxing admission/re-admission orders to the pharmacy, and on-site daily audits of admission/re-admission for medication reconciliation accuracy. No agency staff is used by pharmacy #1. Beginning 4/28/14, the pharmacy will provide the facility with a cover sheet for admission/

DEPARTMENT OF HEALTH AND HUMAN SERVICES PR/NJED: 09/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM AFPROVED OMB NO. 0932-0391 STATEMENT OF DEFICIENCIES XII FROVICETUSUFFLIER/CL A SKEL MULTIPLE CONSTRUCTION AME FLAN OF CORRECTION ICENTIF CATUON JUNES. (X2) DAIR SURVEY A BUILDING_ 465502 & WARE NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, 719 CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENGN SPRINGS ROAD EAST SMYRNA, TN 37167 184110 SUMMARY STATEMENT OF DEFICIENCIES FREFIX :Д PREFix PROVIDER'S PLANCE CORRECTION EACH DEFICIENCY NUST BE PRECEDED BY FULL COVACERON DATE JEACH CORRECTIVE ACTION SPIDULO BE REGULATORY OR LSC ICENT TYING INFORMATION: TAC CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY re-admission orders that will consist of a bar (F 224) Continued From page 14 (F 224) code that will move these orders to an "as persistent atrial fibrillation with rapid ventricular soon as possible" status for the pharmacy. response despite Cardizem drip. (Resident) was This cover sheet will also consist of nurse also noted to have hypoxia (a decreased level of contact number for any clarification issues oxygen in the blood)...The patient was also note and number of pages faxed to the pharmacy. (noted) to have some decreased responsiveness. The Vice President/Clinical Director of and (resident) was...transferred to the Intensive Pharmacy Services conducted mandatory incare unit (ICU)..." Continued review of the services for facility licensed staff on 4/28/14 physician's progress note revealed. ... Assessment and Plan: The patient is a 59 and 4/29/14 regarding utilization of the new Fax Cover Sheets for Admissions Office, new year old (resident) admitted to the hospital with community acquired preumonia and airial Fax Cover Sheets for nurses to utilize for fibrillation with rapid ventricular response, admission/re-admissions, and tips for writing pulmonary edema due to soute congestive heart and sending medication orders. 100% of failure exacerbation...Plan: 1. Atrial fibritiation with facility-licensed staff attended one of these inrapid ventricular response. Heart rate is services. Prior to reporting to the floor for the improving, Continue Cardizom..." first time, newly-hired and agency licensed staff will be in-serviced by the DON regarding Medical record review of Consulting Physician the new pharmacy cover sheet to be utilized #3's note dated March 30, 2014, revealed, *... with admission/re-admission orders to place (Resident) also has attial fibriliation with rapid these orders in a "priority" status for the

#3's note dated March 30, 2014, revealed, "....
(Resident) also has attal fibrillation with rapid ventricular rate. (Resident) was transferred to ICU this morning because of hypoxia and also because of persistent atrial fibrillation with rapid rate..." Continued review revealed, "...impression: 1...Acute respiratory failure 2. Pneumonia 3. Congestive Heart Failure 4. Atrial fibrillation...Recommendations: 1. Agree with transfer to intensive care unif...7. Continue care in the ICU, critically ill..."

Medical record review of the hospital Discharge Summary by Hospitalist Physician dated March 31, 2014, revealed, "...Hospital course: The patient was admitted and started on Cardizem drip...The patient did have a subtherapeutic digoxin level and the patient was loaded with digoxin. The patient was noted to have persistent atrial fibrillation with rapid ventricular response despite the Cardizem drip...The patient was

pharmacy.

<u>Monitoring</u>

Beginning 4/24/14, daily audits of admission/re-admission orders will be conducted by the DON to ensure that all pages of the orders were faxed to the pharmacy and that accurate medication reconciliation from the hospital/previous provider onto the MAR occurred with two nurses verifying and initialing both forms. Nursing Supervisor will audit admission/re-admission orders on the weekends. Noncompliance issues that may arise from this audit will be reported to the Administrator and addressed by the DON with nursing education and disciplinary action as

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/20/2014 <u>CENTERS FOR MEDICARE & MEDICAID SERVICES</u> FORMAPPROVED STATEMENT OF DEPOSIENCIES <u>OMB NO, 0938-0391</u> (X1) PROVIDENSUITH ENGLIA IDENTIFICATION NUMBER: INSTRUCTIONS SUPPLIES OF THE PROPERTY OF THE P AND PLIN OF BORREST AND (40) DATE SURVEY A. DUCLDING _ COMPLETED. 445502 B. WING NAME OF PROVIDER OR SUPPLIES 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 282 EMON SPRINGS ROAD BAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHIDING BE CROSE AFFERENCED TO THE APPROPRIATE a (EACH DESIGNENCY MUST REPRECEDED BY FULL RESULATORY OR LSC (DENTIFYING INFORMATION) PREFIX ias) Coeficiano PREFIX TAG DEFICIENCY appropriate. Results of audits of new (F 224) Continued From page 15 Medication Reconciliation Procedure will be (F 224) transferred to the intensive core unit,...Plan for this presented to the monthly Performance patient: 1, Pneumonia is improving...3. Atrial Improvement Committee by the DON for Ebrillation with rapid ventricular response, heart review and recommendations until desired rate is rate controlled, Cardizem drip has been off threshold of 100% is met for three for over 24 hours. The patient will be discharged consecutive months/ then quarterly. A back to nursing home today..." Performance Improvement Committee consisting of the Administrator, Medical Review of Timeline of Events dated April 1, 2014, Director, Director of Nursing, Assistant and signed by the DON, rowaled, "... Timeline of Director of Nursing, Pharmacy Consultant, Events... During MAR change-over for month Quality Assurance Nurse, and MDS Nurses was ending Merch 2014 and beginning month April conducted on 5/22/14, and results of the 2014, a medication error was observed. Upon above audits were found to be in continued investigation, it appears that resident (#3)...did not receive (resident's) scheduled Coumadin, compliance. The audits will continue to be Coreg, Digoxin, Cardizem; Lisinopril or Lipitor completed monthly for three months as a since (resident) was re-admitted to (facility) on recommendation from this Performance 3/14/14..." Continued review of Timeline of Improvement Committee and will continue to Events revealed when the resident was be reviewed monthly by the Performance feadmitted to the facility on March 14, 2014, the Improvement Committee for resident's hospital discharge orders were taxed to recommendations regarding monitoring the pharmacy. Further review of Timeline of frequency, adjustments to monitoring, and/or Events revealed the facility's investigation system changes. The Administrator and DON determined the pharmacy received only pages 3, will follow up on recommendations from the 4, 5, and 5 of a total of six pages. Continued Performance Improvement Committee to review rovealed the pharmacy did not receive assure continued compliance. pages 1 and 2 which consisted of the orders for The monthly Performance Improvement the resident's Coumadin, Coreg, Digoxin, Committee consists of the Administrator, Cardizem, Lisinoprii, and Lipiter. Medical Director, Business Office Manager, Director of Nursing, Assistant Director of

Interview with the DON and Norse Consultant #1 on April 15, 2014, at 2:45 p.m., in the Conference Room, rovealed the DON's investigation of the medication errors revealed the norse who faxed the resident's discharge orders from the hospital to the pharmacy did not verify with the pharmacy how many pages the pharmacy had received. Continued interview revealed when the resident's medications arrived from the pharmacy, the norse matched the medications with the Physician

5/22/14

Nursing, Human Resources Clerk, Cifnical

Director, MDS Coordinator, Assessment

Nurse, Director of Activities, Director of

Maintenance Director, Director of Social

Services, Therapy Manager, Consultant

Pharmacist, and Line Staff Nurse.

Dietary, Director of Housekeeping/Laundry,

Records Clerk, Marketing/Admissions

DEPA. CENT	RTMENT OF HEALTH ERS FOR MEDICARI	AND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 06/27/2014 FORM APPROVES
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		en recurrent the old the light	TAG	CROSS-REFERENCED TO THE APPROPRIESCY)	ROPRIATE GATE
(F 224)	medications, or the hospital discharge of the DON and Nurse resident #3 did not resident #3 did not resident's admission 2014, until the resident's admission March 29, 2014 (interview with the DC confirmed the facility resident's hospital difficulty's admission of risk for serious harm neglected the resident administering present.	IARS which were generated and did not reconcile the physician orders with the orders. Further interview with Consultant #1 confirmed eccive six ordered adin, Coreg, Digoxin, Lipitor) from the time of the to the facility on March 14, ent's discharge to the hospital a total of 15 days). Further DN and Nurse Consultant #1 is failure to reconcile the scharge orders with the orders placed the resident at and confirmed the facility of's physical status by not ibed medications.	(F 224)		
	12:40 p.m., in the Co the DON had questio resident #3 about the from the hospital with Continued interview v DON also did not rec orders with the facility time the DON becam the resident was not i Interview with Hospita 2014, at 10:26 a.m., t physician was one of physicians. Further in say the fact that (resid medications led to the hospitalization* Cor the resident's Digoxin	with the DON confirmed the concile the hospital discharge /s admission orders at the e aware on March 16, 2014, receiving Cournadin. Itist Physician #1 on April 21, by phone, confirmed the resident #3's treating attention did not receive			

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/2014
CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED
		(XI) PROVIDERGUPPLIERGUA IDENTIFICATION NUMBER	(X2) MJC A. Balilox	TIPLE CONSTRUCTION	OMB NO. 0938-039: (X3) DATE SURVEY COMPLETED
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	transfer to the Intensinterview with Hospi when resident #3 was ordered medications. Digoxin) the resident be discharged back. Interviews conducted Consultant #1 during confirmed there was reconciliation process utilize when a resident to the facility which reprovide six medication resident #3. C/O #33583 Validation of the Cred Compliance was acconsiliation of the facility provided at reconditional to the facility provided at reconciliation of adminitional for physician notification admission/readmission medication reconciliation of plucose monitors when the provided at the facility provided at the facility provided at reconciliation of adminitional for physician notification admission/readmission medication reconciliation of plucose monitors.	essitating the resident's sive Care Unit (ICU). Further talist Physician #1 confirmed as administered the resident's (specifically Cardizem and timproved, and was able to to the facility. If with the DON and Norse the course of the survey hot a consistent medication in place for nursing staff to hit was admitted/readmitted asulted in the failure to hims, linerefore neglect, to the Allegation of complished on-site on May 1, 2014, through medical wof facility documents, and and Administrative Staff, evidence of audits of ssion/ro-admission orders, all nursing staff related to of medication errors, on physician order and ion, medication omissions, ring and shift to shift audits idding scale insulin, sliding no physician standing and physician standing and physician standing or physician standing and physician standing and physician standing or physician standing and physician and physician and physician standing and physician and phys	{F 22	4	

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actions are verified ensite.

DEFARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPRIONES STATEMENT OF CARGICACIES AMB M,AA OF CORRECTION OMB NO. 0938 0251 IXTI PROVIDERSUPPHERICLIA AZ) MULTIPLE CONSTRUCTION C NIPICATION NUMBER: OXO) DATE SURVEY A. BURDING ______ COMPLETED. 445502 B WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE ZIP CODE Christian care center of rutherford county llc 202 ENGN SPRINGS ROAD EAST SMYRNA, TN 37187 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIST IDENTIFYING INFORMATION; 13 PROVIDERS PLAN OF CORRECTION PREFIX (PS) COMPLETION PREFIX EACH CORRECTIVE NOTION SHOULD BE TAG CROSS REFERENCED TO THE APPROPRIATE TAS \$A10 BEFICIENCY <u>F 281</u> (F 281) 483,20(k)(3)(i) SERVICES PROVIDED MEET (F 281) SS=F PROFESSIONAL STANDARDS Christian Care Center of Rutherford County The services provided or arranged by the facility believes its current practices were in must meet professional standards of quality. compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the This REQUIREMENT is not met as evidenced following additional actions: bys Based on medical record review, observation, Corrective Actions for Targeted Residents review of Medication Reviews/3 Month Review, review of facility policy, and interview, the facility Resident #3 was transferred to acute care on falled to follow physicians orders for eleven 3/29/14. Resident #3 returned to the facility residents (#3, #19, #14, #1, #10, #13, #24, #26, on 3/31/14. Resident #3's medications were #28, #29, #30) of thirty-one residents reviewed. reconciled from the previous provider The facility's failure to follow physician's orders accurately on 3/31/14 by the Director of placed residents #3, #19, and #14 in immediate Nursing (DON). Resident #3 was discharged Jeopardy(a situation in which a provider's noncompliance with one or more requirements of from the facility on 4/1/14. participation has caused or was likely to cause. Resident #19's medication orders were serious injury, harm, impairment or death). The reconciled on 4/17/14 by the DON. MD and facility's systemic failure to ensure staff followed Resident #19's family was notified of professional standards of practice in order to medication errors on 4/17/14. reconcilu physician orders for accurracy and Resident #14's accu-check time was changed ensure modications were administered as from 6am to 7am on 4/21/14 by the MD to be ordered has the potential of Immediate Jeopardy

The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurse Consultant #2, Nurse Consultant #3. Vice-President of Client Operations, and Medical Director #1 were informed of the Immediale Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

for any resident who receives medication.

The Immediate Jeopardy was effective March 14, 2014, and was ongoing.

closer to mealtime. Facility protocol for sliding scale insulin administration was discontinued on the Standing Orders by the Medical Director on 4/28/14. Resident #14's family was notified of medication errors on 4/21/14 by the DON. Resident #1 was a closed chart, Resident #24 was discharged from the facility on 4/23/14. Resident #28 was out to hospital during the survey. Agency nurse had omitted topical treatments for Resident #28 and failed to communicate this to the Administrative Staff. Agency Nurses are supervised by the DON.

<u>CENTL</u>	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 05/2/02814 FORMAPPROVED DMB NO. 0932-0391
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(F 281)	2014.	was conducted on April 24,	(F 28	Beginning 4/24/14, Agency Nurses w serviced by the DON prior to reportir floor for the first time regarding adm medications and performing all treat ordered by the physician – without o	ng to the inistering ments as
	Compliance on May 13, 2014, and May 1 corrective actions im removed the Immed	-		Resident #28's medications were reco accurately by the DON on 4/24/14 up resident's return to the facility. Medications for Residents #26, #10, # and #29 were reconciled by the DON	onciled ion #13, #30
	citation for the facility effectiveness of com-	ective actions in order to appliance and evolution of		4/25/14. Identification of Other Residents with Potential to be Affected A 100% audit of active residents' adm	
	The findings included	1 :		re-admission orders from the facility pharmacy matching the discharge ord	ers from
	on March 14, 2014, v Respiratory Fallure, t Sinonal Node Dysfun Obstructive Pulmona and Cerebral Vascula Medical racord reviey	and readmilled to the facility with diagnoses including Chronic Atrial Fibrillation, ction, Pneumonia, Chronic by Disease, Hypertension, or Accident,		the previous provider, ensuring all pay faxed to the pharmacy and reconciled correctly onto the MARs, was conduct the DON and Nurse Consultant begins 4/18/14 and completed on 4/22/14. Tresults of these admission/re-admission audits and the action taken by the DO Nurse Consultant are as follows: order transcribed correctly onto the MAR af	ges were ted by ning on the on order N and rs not
i	Med (Medication) Red March 14, 2014, reve	(Reconciliation) form dated aled the hospital Discharge ted a total of 6 pages of		nine residents. These residents' medi- were reconciled correctly onto the MA the Nurse Consultant on 4/22/14. Con-	cations AR by

medications ordered for the resident upon

discharge from the hospital and readmission to the facility. Continued review revealed the Discharge Med Rec form for pages 1 and 2

included physician's orders for the resident to

readmission to the facility: Coumadin (blood

thirmer) 2.5 mg (milligrams) and 1 mg daily for a

continue the following medications on

the Nurse Consultant on 4/22/14. Omission

of medication administration doses affected

two residents. MD and family notified of errors on 4/22/14 by the Nurse Consultant. Nursing education of licensed staff by the

DON occurred regarding these errors on

4/22/14. On 4/25/14, the DON re-wrote

for this issue by matching current orders to

clarification orders for all resident-charts cited.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICASE A MEDICASE ASSESSED.

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CONTRACTOR MEDICARE & MEDICARD SERVICES						<u>. 0</u> 938-039
AND PARO	JE DEROIENCIEN CONTROTTON	IXI) PROVIDER SUBFLEROCIA IDENTIFICATION NUMBER:	A. HUMINA	LE GONSTRUCKON	(82) DAY	EFFE F MONAGA TOSSOCIA
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				surrent MARs to ensure physician	a orders are	

(F 281) Continued From page 21

for cholesterol management) 10 mg at bedtime. Coreg (heart medication to regulate heart rate) 25 mg twice per day, Digoxin (heart medication to slow heart rate and control drythm) 0.125 mg once per day, Cardizem (heart medication to control heart rate and blood pressure) 120 mg once per day, and Lisinophi (medication to control high blood pressure) 10 mg once per day.

Medical record review of Physician's Orders (recapitulation orders) for March 14, 2014, through March 31, 2014, revealed no orders for the following medications: Coumadin, Lipiter, Coreg, Digoxin, Cardizem, or Lisinopril.

Medical record review of the Medication Record (form used to document medication administration: MAR) dated March 14, 2014, through March 31, 2014, revealed two pages of medications, neither of which included the Coumadio, Lipitor, Coreg, Digoxist, Cardizon, and Lisinopril.

Medical record review of a nurse's note dated (incorrectly) March 30, 2014, (correct date is March 29, 2014), revealed resident #3 was transferred to the hospital for evaluation and treatment.

Medical record review of an Emergency Room Provider Report dated March 29, 2014, revealed the resident was evaluated in the Emergency Room.

Modical record review of emergency room lab report dated March 29, 2014, revealed the level of digoxin medication for resident #3 was documented as *< 0.2 L (low)*

current MARs to ensure physician's orders are followed for accu-checks and sliding scale insulin and that medication reconciliation is correct. The remaining residents' medications were reconciled by the Nursing Staff on 4/30/14 during MAR change-over procedure. This MAR change-over was double-checked by the Nurse Consultant on 4/29/14 and 4/30/14 to ensure accurate medication reconciliation onto new MAR occurred.

Systematic Changes

Beginning 4/22/14, the new procedure was initiated of the Consultant Pharmacist conducting a daily audit, on-site at the facility, of hospital/ previous provider discharge orders to ensure accurate medication reconciliation from the previous provider was received by the pharmacy—and that all pages of admission/re-admission orders were received by the pharmacy. On-call pharmacist will conduct this audit, on-site at the facility, of medication reconciliation of new admissions/re-admissions on the weekends. This daily audit of admission/re-admission orders by the pharmacist will be on-going until desired threshold of 100% is met for three consecutive months; then quarterly. On 4/24/14, the ADON immediately educated all nurses working both shifts that day regarding the necessity of performing accuchecks and administering sliding scale insulin as ordered by the physician; with no omissions. These accu-check performance/ sliding scale insulin administration in-services are ongoing by the ADON until all licensed staff is educated regarding following

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(F 281) Continued From page 22

Modical record review of treating hospital physician, and consulting physicians' reports from March 29, 2014, through March 31, 2014, revealed the resident required medical treatment in the Intensive Care Unit. Review of the hospital records revealed the resident was "...critically it.,"

Interview with Hospitalist Physician #1 on April 21, 2014, at 10:26 a.m., by phone, confirmed the resident was hospitalized in the ICU with Atrial Fibriliation, and confirmed the resident's digoxin fevel "...was very low..." Continued interview confirmed the resident was "...critically ill..." upon admission to the hospital. Further interview confirmed when the resident was administered Cardizem and Digoxin (two of the medicalians the resident had not bean administered for \$5 days) the resident's condition improved and was eble to be discharged back to the facility.

Interview with the DON and Nurse Consultant #1 on April 15, 2014, at 2:45 p.m., in the Conference Room, revealed the DON's investigation of the medication errors revealed the nurse who faxed the resident's discharge orders from the hospital to the pharmacy did not vorify with the pharmacy how many pages the pharmacy had received. Continued interview revealed when the resident's medications arrived from the pharmacy, the nurse matched the medications with the Physician Order sheats and MARS which were generated from the pharmacy, and did not reconcile the medications, or the physician orders with the hospital discharge orders. Further interview with the DON and Nurse Consultant #1 confirmed tesident #3 did not receive six ordered medications (Coumadin, Corcy, Digoxin, Cardizem, Lisinopril, Lipitor) from the time of the resident's admission to the facility on March 14,

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physician's orders for accu-checks performance/sliding scale insulin administration; completion date of 4/29/14. Beginning 4/24/14, the new procedure of each licensed nurse performing an accu-check performance/sliding scale insulin administration audit every shift with oncoming nurse for accuracy and completion of documentation onto the Diabetic Flow-Record. DON/ADON will follow up on the results of these accu-check performance/ sliding scale insulin administration audits on a daily basis. Nursing Supervisor will follow up on these accu-check/sliding scale insulin audit results on the weekends. On 4/18/14, the DON initiated in-services for licensed staff regarding the new Medication Reconciliation Procedure of two nurses reconciling discharge orders from the hospital/previous provider with the physician's orders/MARs sent by the facility pharmacy with both nurses' signatures on the hospital discharge orders and the facility pharmacy MARs. In-service also included the Admitting Nurse will place a telephone call to the newly-admitted resident's attending physician to review, adjust, and accept admission orders. Any clarification orders given by the admitting physician will be taken by the Admitting Nurse as a telephone order and faxed to the pharmacy with the admission/re-admission orders brought by EMS/accompanied with resident. This education was ongoing by the DON until all nurses were educated, with completion by 4/29/14. All facility licensed staff attended one of these in-services. Beginning 4/18/14, the new procedure of the DON reconciling the admission/re-admission

DEPARTMENT OF MEALTH AND RUMAN SERVICES PRINTED: 115/27/2014 CENTERS FOR MEDICARL & MEDICARIA OFFICE 712

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CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, OITY, STATE, ZIP CODE

202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)

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2014, until the resident's discharge to the hospital on March 29, 2014 (a total of 15 days). Further Interview with the DON and Nurse Consultant #1 confirmed the facility's failure to reconcile the resident's hospital discharge orders with the facility's admission orders placed the resident at risk for serious harm.

The facility's fature to reconcile hospital discharge orders with facility admission orders, resulted in resident #3 not receiving six prescribed medications, which resulted in the resident's hospitalization. The facility's failure to follow accepted standards of practice for medication reconciliation placed resident #3 in Immediate Jeopardy.

Resident #19 was admitted to the facility on February 26, 2014, and readmitted to the facility on March 27, 2014, with diagnoses including Acute Edema, Hypertension, Chronic Kidney Disease, Heart Disease, End Stage Renat Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Parkinson's Discase, and Dementia.

Medical record review of the hospital Discharge Med Rec form dated March 27, 2014, revealed no order for PhosLo (Calcium Acetato) 667 mg, (a medication used to bind with phosphorus in the body to decrease the level of phosphorus in the blood). Continued review also revealed no order for Crestor 20 mg (an antistatin medication used to lower cholesterol). Further review of the Discharge Med Rec form revealed orders for Mirtazapine 7.5 mg (an antidepressant medication) and Protonix 40 mg (a stomach medication used to control acid in the stomach).

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orders daily was initiated. This audit of reconciling admission/re-admission orders will be completed by the Nursing Supervisor on weekends or in the absence of the DON. Newly-hired nurses and agency nurses will be educated by the DON, prior to reporting to the floor, of the new Medication Reconciliation Procedure of two nurses verifying hospital/previous provider discharge orders with orders sent by facility-pharmacy orders, verifying admission orders with the attending physician, and faxing only the hospital/previous provider's set of orders to the pharmacy. On 4/1/14, Pharmacy personnel was in-serviced by the Regional Director regarding verifying all numbered pages of admission/re-admission orders and calling the facility to verify number of pages faxed. On 4/15/14, Pharmacy personnel was in-serviced by the Regional Director to reconcile all orders received from the facility against the hard-copy chart orders as a final review. Beginning 4/25/14, the new procedure of the pharmacy staff at Pharmacy Office #1, home office, is assuming the function of order entry to ensure initial medication reconciliation accuracy was initiated. The pharmacist at Pharmacy Office #2 will be the second check once the order is filled. Beginning 4/25/14, all new orders. including admission/re-admission orders, willbe reviewed by four pharmacy staff by the following procedure:

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Medical record review of Physician's Orders (Recapitulation orders) dated March 27, 2014. through March 31, 2014, revealed a medication order for "... Calc (calcium) Acetato Cap 667 mg 1 capsule PO (by mouth) with meals...For PhosLo...* Continued review of Physician's Orders revealed a medication order for "... Crestor tab 20 mg 1 tablet PO at bodtime...* Further review of the Physician's Orders for March 27, 2014, through March 31, 2014, revealed no medication orders for Mirtazapine (Remerch) or Protorix.

Medical record review of the MAR dated March 27, 2014, through March 31, 2014, revealed the resident received both Calcium Acetate and Crestor from March 28, 2014, through March 31, 2014. Continued review of the MAR revealed the resident was not administered Mirazapine or Protonix.

Medical record review of the Physician's Orders and MARs dated April 1, 2014, through April 31, 2014, revealed the pharmacy had included the orders for Miriagapine and Protonix which had originally been omitted from the resident's roadmission to the facility on March 27, 2014. Continued review of the Physician's Orders and MARS for April 2014, revealed nursing discontinued these medications during reconciliation of the March 27, 2014, Physician's Orders with the April, 2014 Physician's Orders provided by the pharmacy. Further review of the April Physician's Orders and MARS revealed no orders for the Calcium Acotate or Crestor (which had been omitted by pharmacy from the original hospital discharge orders and Physician's Orders March 27, 2014). Further review of the April Physician's Orders and MARS revealed nursing

(F 281)

- · Order entry will be performed by pharmacy technician at Pharmacy Office
- Order entry/clinical review for accuracy will be conducted by the pharmacist at Office #1.
- Packaging of product will be performed by the pharmacy technician at Pharmacy Office #2.
- Final review of product and medication orders will be performed by the pharmacist at Pharmacy Office #2.

Due to Pharmacy Offices #1 and #2 being on the same computer system, this new pharmacy procedure will not impede nor slow down medication and MAR delivery to the facility. Pharmacy Office #2's pharmacy technicians and pharmacists were educated on 4/29/14 by the Vice President/Clinical Director of Pharmacy Services in person regarding the new procedure of Pharmacy Office #1 assuming the function of order entry and the procedure of orders being reviewed by four pharmacy staff, from both offices, to ensure accurate medication reconciliation from previous provider. 100% of pharmacy technicians and pharmacists were present for this in-service. No agency staff is used by Pharmacy #2. Pharmacy #1's pharmacy technicians and pharmacists were educated on 4/25/14 by the Vice President/Clinical Operations regarding the new procedure of Office #1 assuming all order entries and the procedure of orders being reviewed by four pharmacy staff from both offices. This inservice was repeated by the Pharmacy Operations Manager on 4/29/14; this ensured 100% pharmacy technicians and

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] 15 3941	^		****	pharmacists were educated. Newly-h	ired

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changed the orders to match the March 27, 2814 Physician's orders and MARS which had been added by the pharmacy in error. Therefore resident #19 continued to be administered 2 medications without an order (Calcium Acotate and Crostor), and falled to be administered 2 medications (Mirtozopine and Protonix) which had been ordered by the discharging hospital from March 27, 2014, farcugh April 17, 2014.

Modical record review of Medication Reviews 3 Month Review dated April 4, 2014, revealed "... (Facility) Medication Reviews 3 Month Review...3-27-14 re-admit...pharmacy omitted... Protonix... Remeron (Minazapine), the pharmacy siso added Crestor and PhosLo (Calcium Acetato) without an order. This was not caught by nursing. The April POS (Physician's orders) from the pharmacy were correct, however when the nurse checked the POS (Physician's orders) (the nurse) changed all the orders to match March's MAR ... Further review of facility documentation revealed the Medication Reviews. 3 Month Review was sent by email from Nurse Consulant #1 to the Director of Nursing (DON) and Administrator on April 4, 2014.

Interview with the DON and Nurse Consultant #1 on April 17, 2014, at 2:55 p.m., in the Conference Room, confirmed the resident's March 2014, and April 2014, Physician's orders and MARs were incorrect. Continued interview confirmed the resident continued to receive discontinued medications, Phos.Lo (Calcium Acotate) and Crestor without a physician's order, and confirmed the resident did not receive ordered medications Minazapine and Protonix from March 27, 2014, until April 17, 2014. Further interview confirmed both the DON and Nurse Consultant

(F 281) pharmacy technicians and pharmacists will be educated during their orientation period by the Pharmacy Operations Manager regarding new order entry system, new facility-cover sheets for faxing admission/re-admission orders to the pharmacy, and on-site daily audits of admission/re-admission orders for medication reconciliation accuracy. Beginning 4/28/14, the pharmacy will provide the facility with a cover sheet for admission/ re-admission orders that will consist of a bar code that will move these orders to an "as soon as possible" status for the pharmacy. This cover sheet will also consist of nurse contact number for any clarification issues. and number of pages faxed to the pharmacy. Vice President/Clinical Director of Pharmacy Services conducted mandatory in-services for facility licensed staff on 4/28/14 and 4/29/14 regarding utilization of the new Fax Cover Sheets for Admissions Office, new Fax Cover sheets for nurses to utilize for admissions/ re-admissions, and tips for writing and sending medication orders. 100% of facilitylicensed staff attended one of these inservices. Newly-hired and agency licensed staff will be in-serviced by the DON, prior to reporting to the floor for the first time, regarding the new pharmacy cover sheet to be utilized with admission/re-admission orders to place these orders in a "priority" status for the pharmacy. Newly-hired nurses and agency nurses will be educated by the DON, prior to reporting to the floor for the first time, of the new Medication Reconciliation Procedure of two nurses verifying hospital/previous provider discharge

DEPARTMENT OF SHALTHAND PUMAN SERVICES CENTERS FOR MEDICARD A MEDICARD REPROPER

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FINENENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCENC (X1) PROVIDERSUPPLI		(X2) MULTIPLE CONSTRUCTION A BULDING		OMB NO. 0938-039 (X3) CATE SURVEY COMPLETED
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(F 281) Continued From page 26

#1 became aware the resident was receiving medications that were not ordered, and became aware the resident was not receiving ordered medications on April 4, 2014, and confirmed both neglected to correct the medication errors, until brought to their attention by the surveyor on April 17, 2014.

Interview with Pharmacist #1 on April 22, 2014, at 1:25 a.m., in the conference room, revealed the facility identified a breakdown in communication between the pharmacy and the facility in early April. Further interview revealed prior to the last Performance improvement meeting held April 10, 2014, the pharmacy did not compare/reconcile hospital discharge medication to the facility admission physician orders. Further interview revealed "...assumed orders verified prior to contact with (pharmacy) or that the nursing facility made a clarification order prior to contacting the (Pharmacy)..."

The failure of the facility nursing staff to follow the standard of practice to accurately reconcile hospital discharge orders with facility admission orders, and the failure to act on knowledge of the medication errors upon discovery of the errors placed resident #19 in lamediate Jeopardy.

Resident #14 was admitted to the facility on March 31, 2014, discharged to the hospital on April 1, 2014, related to care for a cyst, and residmitted to the facility on April 11, 2014, with diagnoses including Diabotos Melitus, Hypertension, Peripheral Neuropathy, Congostive Heart Failure, and Acute Renal Failure.

Medical record review of the physician order dated March 31, 2014, revealed "...,Accucheck

orders with orders sent by facility-pharmacy (F 281) orders, verifying admission orders with the resident's attending physician, and faxing only the set of orders brought by EMS or accompanied by the resident, to the pharmacy. Standing Orders were revised and signed by the Medical Director on 4/28/14. Facility protocol for sliding scale insulin administration was discontinued by the Medical Director on 4/28/14. Per the Medical Director's approval, sliding scale insulin administration will follow the physician's discharge orders from the hospital/previous provider. Pharmacy was notified of this revision for Standing Orders on 4/29/14 by the DON. Pharmacy staff was in-serviced regarding standing orders by the Regional Director of Pharmacy on 4/28/14 and 4/29/14. These Standing Orders were placed in the residents' charts and in the front of the MARs by the DON on 4/29/14, who instructed each nurse when and how to use these orders and where they could be located; completed 5/1/14.

Monitoring

The results of the dally accu-check/sliding scale insulin audits will be presented by the ADON to the monthly Performance Improvement Committee for review and recommendations until desired threshold is met for three consecutive months; then quarterly. The results of the dally audits of the new Medication Reconciliation Procedure of verifying all admission/re-admission orders by two nurses, verifying admission orders with the resident's attending physician, and faxing the orders provided by the EMS/accompanied

DEPARTMENT OF HEALTH AND HUMAN SERVICES PR:NTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORMAPPROVED MINTEMENT OF CEHICENCIES ONE PLAN OF CORRECTION <u>0MB NO. 0938-0391</u> MILL FROMDERSHPHUERVOLIA "X2) MULTIPLE CON3 (Renotion: (X3) MATE SURVEY ICENTIFICATION NUMBER A DULLDING_ COMPLETED 445502 B. COMO NAME OF PROMOTER OR SUPPLIER 05/14/2014 STRFET ADDRESS, DITY, STATE, ZIP CODE Christian care center of Rotherford County LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37467 BUMPARY STATEMENT OF BEFIGENCIES 10 PROVIDERS PLAN OF CORRECTION PREFIX (RACH DEFISIENCY MUST DE PREGEDEO DY PULL ₿©j ¢GETION PROFIX REGULATORY OR USCHOENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOLED BE TAG TAG CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY; by the resident to the pharmacy will be (F 281) Continued From page 27 presented by the DON to the monthly IF 2811 (monitoring of blood sugar) AC + HS (before Performance Improvement Committee for meals and bedtime)....' review and recommendations until desired threshold of 100% has been met for three Medical record review revealed no documentation consecutive months; then quarterly. A of the monitoring of the blood sugar level before Performance Improvement Committee supper for March 31, 2014 as ordered by the consisting of the Administrator, Medical physician. Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Medical record review of the hospital Discharge Quality Assurance Nurse, and MDS Nurses was Med Rec dated April 10, 2014, for the facility conducted on 5/22/14, and results of the readmission on April 11, 2014, revealed an order above audits were found to be in continued for sliding scale insulin (SSI). The facility compliance. The daily accu-checks/sliding readmission orders dated April 11, 2014, revealed scale insulin administration audits and the the hospital SSI order reverled to the facility SSI daily medication reconciliation audits will protocol (effective on September 2012) as follows continue to be completed daily for three Novotin R (fest acting insulin, medication to months as a recommendation from this control blood sugar) inject subcutaneously (under the skin) as directed per SSI (Sliding Scale Performance Improvement Committee, and Insulin): If glucose (blood sugar) < (less than) 60 will continue to be reviewed monthly by the give snack & (and) recheck in 30 minutes. If Performance Improvement Committee for recheck still <60 give Glucagon UD (Unit Pose); recommendations regarding monitoring 251-300= 4 units (give 4 units); 301-350=6 units: frequency, adjustments to monitoring, and/or 351-400=8 units; 401-450= 10 units; Recheck in system changes. The Administrator and DON 1HR (hour) using above sliding scale if BG (Blood will follow up on recommendations from the Glucose) > (greator than) 300; >450= (means) Performance Improvement Committee to call MD (physician) for orders recheck in 1 HR or assure continued compliance. The per MD..." Further review of the readmission Performance Improvement Committee orders revealed "... Accurbeck AC + HS ... " consists of the Administrator, Medical Director, Business Office Manager, Director of Medical record review of the Diabetic Medication Nursing, Assistant Director of Nursing, Human Administration Record dated April 2014, revealed Resources Clerk, Clinical Records Clerk, the accuchecks were to be completed at 6:00 Marketing/Admissions Director, MDS a.m. (morning); 11:00 a.m.; 5 p.m. (evening); and

have administered 4 units);

following:

9 p.m. Further review of the form revealed the

was 253 and no insulin administration (should

2. April 19, 2014, at 5:00 p.m. the accucheck

April 18, 2014, at 5:00 p.m. the eccucheck

Staff Nurse.

Coordinator, Assessment Nurse, Director of

Director, Director of Social Services, Therapy

Manager, Consultant Pharmacist, and Line-

Activities, Director of Dietary, Director of

Housekeeping/Laundry, Maintenance

5/22/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF BEFICIENCIES XXII FROVIDERUSUPHLIERUSLIA KULTURA CONSTRUCTION AND FLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION MUNUER A BUILDING COMPLETED 445502 B WWG NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES $(X, a), (\underline{I})$ PROVIDER'S PLAN OF CORRECTION TEACH CORRECTIVE ACTION SHOULD BE 10 (CACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX JX51 COMPLETION PREFIX TAG REQUEATORY OR USC IDENTIFYING INFORMATIONS TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY! (F 281) Continued From page 28 (F 281) was 301 and no insulin administration (should have administered 6 units). 3. April 19, 2014, at 9:00 p.m. no accucheck was obtained: 4. April 20, 2014, at 11:00 a.m. the accucheck was 305 and no insulin administration (should have administered 6 units): 5. April 21, 2014, before the breakfast meal, no accucheck was obtained; and on April 23, 2014, at *6A (6:00 a.m.)* no accucheck was obtained. Interview with Licensed Practical Nurse (LPN) #1 assigned to resident #14, on April 21, 2014, at 11:15 a.m., on the 100 half revealed "...the night nurse (7:00 p.m. to 7:00 a.m. shift) obtains the blood sugar...* Further interview confirmed the blood sugar level for April 21, 2014, at 6:00 a.m. was not documented on the Diabetic Medication Administration Record. Interview with Nurse Consultant #1/Acting Director of Nursing, on April 21, 2014, at 11:38 a.m., in the Conference Room confirmed the blood sugar level and the insulin administration when the blood sugar was elevated was to be documented on the Diabetic Medication Administration Record as ordered by the physician. Further interview confirmed the April 2014, Diabetic Medication Administration Record lacked documentation of blood sugar levels, as ordered by the physician, on April 19, 2014, at

9:00 p.m. and on April 21, 2014, before the breakfast meal. Further interview confirmed the insulin should have been administered per the physician's order and the number of units administered was to be documented on April 18 and 19, 2014, at 5:00 p.m. and on April 20, 2014, at 11:00 a.m. due to the elevated accucheck

DEPAR <u>C</u> ENTE	TMENT OF HEALTH IRS FOR MEDICARI	AND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 05/27/2019 FORM APPROVE
I SKATEMEN	II OF DEFICIENCES OF CORRECTION	(XI) PROVIDERSUPPLIERCLIA IDENTIFICATION MUMBER	ifflum (SX) Albuma A	PLE CONSTRUCTION	OMB NO. 0938-039 IX3I DATE SURVEY COMPLETED
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{F 281}	Continued From paresults,	ge 29	{F 281]		
	2014, at 11:52 a.m., confirmed "expect gotten sliding scale order (when blood s interview with LPN # a.m., at the 200/300 Consultant #1/Acting confirmed LPN #5 htm.	5, on April 23, 2014, at 7:45 nursing station, and Nurse Director of Nursing present, ad been responsible for			
	and had not obtained morning of April 23, 1				
; ; ;	23, 2014, at 7:50 a.m #1/Acting Director of room of resident #14 responsible for reside a.m7:00 p.m. shift h sugar level the morni LPN #4 was asked if	ad not obtained the blood ng of April 23, 2014. When the blood sugar had been lated "No. the pinht shift			
i C	2014, at 1:20 p.m., in confirmed LPN's #4 a	Consultant #1, on April 23, the Conference Room, nd #5 had not obtained the the physician's order the 014.			
ល រា ឧ h	n April 24, 2014, at 1 ursing station, confin dmitted on March 31	and Nurse Consultant #2, 0:15 a.m., at the 100/200 med the resident had been . 2014, at 2:50 p.m. and before breakfast on April 1,			

DEPAR	RTMENT OF HEALTH	I AND HUMAN SERVICES				PRINTED: 05/27/20	014
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AND FLAN	IT OF BEFICIENCIES OF CORRECTION	IX11 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	V eniros (x5) Mort		CONSTRUCTION	COMPLETED	<u>91</u>
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MANNE CH	FROVIDER OR SUPPLIER			57	REET ADDRESS, CITY, STATE, ZIP CODE	05/14/2014	
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{F 281}	Continued From pay for March 31, 2014, obtained.	at 5:00 p.m. was not	{F 281	1}			
	orders to monitor the failure to follow the p the prescribed insuli	o follow the physician's e blood sugar level and the physician's order to administer in when the blood sugar was dont #14 in Immediate					
	Reconciliation dated readmission on April included an order for	al Discharge Medication April 10, 2014, for the facility 11, 2014, for resident #14 "Gabapentin (medication 00 mg (milligrams) po (by					
	orders dated April 11, 2014, MAR documen	Inscribe the Gabacentin 800					
, , , , , ,	2014, at 2:20 p.m., in confirmed the facility hospital discharge me readmission orders the physician order. Furth Director of Nursing hateadmission on April medication reconciliates.	Consultant #1, on April 17, the Conference Room, had failed to reconcile the edications with the facility herefore failed to follow the left interview confirmed the edications with an audit upon 11, 2014, to review the fon and failed to identify the pentin order for resident					
f	l:25 a.m., in the confo acility Identified a bre:	cist #1 on April 22, 2014, at trence room, revealed the akdown in communication y and the facility in early					

	DEPARTM	ENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/2014
_	CENTERS	FOR MEDICARE	S MEDICAID SEDVICES			FORM APPROVED
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ļ	Allate or one		445502	B. WING		R
ſ	MAINE OF MAD	VICER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZP CODE	05/14/2014
CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC					202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	•
	PREFIX TAG	(CAUTI DEFICIENCY	Tement of deficiencies Maist be preceded by full C Dentifying Information;	(†) PREFIX TAG	PROVIDER'S PLANCE CORRECT	OHORE COMPLETION
	Appear Ap	rformance Improvated the pharmacy spital discharge malesion physician realed "assument that with (pharmacy)" sident #1 was admitted with (pharmacy)" sident #1 was admitted in the peripheral Vascutical record review of 25, 2014, revent 25, 2014, revent affect from the filical record review ort dated March 1Metoprofol (block in mg (milligrams)) in the filical record review of the following in the following that the following that 1, 2014: 157/9 th 13, 2014: 139/7	cw revealed prior to the last rement meeting held April 10, did not compare/reconcile hedication to the facility orders. Further interview of orders verified prior to acry) or that the nursing facility order prior to contacting the mitted to the facility on March isses including Disbetes including including Disbetes including includ	{F 28		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SLEEP/CLIA IX2) MUCTIPLE OCNSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. DULDING 445502 B. WAG NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP COOE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 201 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUIVMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ្រីទៀ ១០៤៥៧ម៉ូនព្រង្គ PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LECIDENTIFYING INFORMATION) TΛG CROSS-REFERENCED TO THE APPROPRIATE ľAĠ CATE DEFICIENCY (F 281) Continued From page 32 (F 281) the Conference Room, confirmed the facility failed to follow the physician's order when the facility failed to accurately reconcile the hospital discharge orders with the facility admission orders for Metoprolol from the Admission on March 11, 2014 through the discharge on March 28, 2014. Resident #1D was admitted to the facility on March 28, 2014, and readmitted to the facility on April 9, 2014, with diagnoses including Diabetes Melhtus Type II, Arteriosclerotic Dementia, Major Depressive Disorder, Anxiety, and Affective Psychoses. Medical record review of the hospital discharge medications dated March 27, 2014, revealed an order for "...lubricating top (topical) jelly bacteriostatic apply small amount to affected area two times a day as needed ... " Medical record review of the March 28, 2014. facility admission orders and the Medication Record (MAR documentation of medication

administration) revealed no documentation for the order of tubricating top jelly bacteriestatic.

Interview with Nurse Consultant #1, on April 17, 2014, at 8:45 a.m., in the Conference Room confirmed the facility failed to accurately reconcile the hospital discharge order with the facility admission order for the March 28, 2014.

admission. Further interview confirmed the facility failed to follow the physician orders for the lubricating jelly ordered on March 28, 2014.

Interview with Pharmacist #1, on April 22, 2014, beginning at 1:25 p.m., in the Conference Room confirmed the fubricating jelly was "...a blatant

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X11 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING _ COMPLETED 445502 B WIND NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SLANMARY STATEMENT OF DEFICIENCIES Ф PROVIDER'S PLAN OF CORRECTION PREFIX JEACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COM LICHON LEACH CORRECTIVE ACTION SHOULD HE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGITATORY OR USC IDENTIFYING INFORMATION! TATE DATE DEFICIENCY {F 281} Continued From page 33 (F 281) omission by pharmacy..." Resident #13 was admitted to the facility on February 24, 2014, and readmitted to the facility on March 25, 2014, with diagnoses including Aftercare for Joint Replacement, Hyperlipidemia, Hyperionsion, Muscle Weakness, and Lack of Coordination. Medical record review of hospital Medication Discharge Report dated February 24, 2014, revealed an order for Cranberry Liquid Supplement, by mouth, once every day, 7 days. Medical record review of Physician's Orders dated February 24, 2014, through February 28, 2014, revealed no order for Cranberry Liquid Supplement. Medical record roview of Medication Record (MAR) dated February 24, 2014, through February 28, 2014, revealed the resident did not receive Cranberry Liquid Supplement for that time period. Medical record review of the hospital Medication Discharge Report dated March 25, 2014, revealed an order for *...aspirin 325 ma (milligrams), by mouth, twice daily..." Continued review revealed an order Cranberry Liquid Supplement, by mouth, once every day, 7 days,

mouth) QD (every day)...,"

Medical record review of the Physician's Orders dated March 25, 2014, through March 31, 2014, revealed no order for aspirin. Continued review of the Physician Orders revealed an order "...Cranberry Liquid Supplement take PO (by

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTEO: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROMDER SUPPLIER OLIA IDENTIFICATION MUMBER (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY A BUILDING. COMPLETED 445502 8. WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STAFFMENT OF DEFICIENCES OMMED (D PROVIDERS PLAN OF CORRECTION LEACH CEPICIENCY MUST BE PRECEDED BY FIGLE PREFIX (XS) COMPLETE)N (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC (DENTIFYING INFORMATION) TAG DATE DEFICIENCY (F 281) Continued From page 34 (F 281) Medical record review of the Medication Record (MAR) dated March 25, 2014, through March 31, 2014, revealed a handwritten notation for "...ASA (aspirin) 325 mg 1 PO BID (twice daily)... Continued review of the MAR revealed the resident was administered the aspirin March 26. 2014, through March 31, 2014. Further review of the MAR revealed the Cranberry Liquid Supplement was on the MAR, however was not given March 26, 2014, through March 31, 2014 Interview with Nurse Consultant #1 on April 17, 2014, at 9:50 a.m., in the Conference Room, confirmed the resident's Physician Orders and MARs were not complete, and the resident did not receive the Cranberry Supplement as ordered for February 24, 2014, through February 28, 2014. Continued interview confirmed the hospital discharge records for March 25, 2014, included an order for Aspirin 325 mg, and confirmed the Physician Order sheets for March 25, 2014, through March 31, 2014, did not contain an order for Aspirin. Further interview confirmed the MAR for the same time period had Aspirin handwritten on the MAR, and confirmed the resident had received Aspirin March 26, 2014, through March 31, 2014, without a facility physician order. Continued interview with Nurse Consultant #1 confirmed the resident had an order for Cranberry Supplement, and confirmed the crenberry supplement had not been administered as

Kidney Diseaso Stage 3.

2014,

ordered March 26, 2014, through March 31

Resident #24 was admitted to the facility on April 2, 2014, with diagnoses Including Anemia, Dementia, Parkinson's Disease, and Chronic

DEPAR	PARTMENT OF HEALTH AND HUMAN SERVICES NTERS FOR MEDICARE & MEDICAID SERVICES					
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in the state of th	(X4) ID SUMMARY STATEMENT OF DEFICIENCES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FIG.)		(F 28			

Interview with Nurse Consultant #1/Acting DON

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	MAR had the wrong not match the discharge administered the wrong administered the wro April 2, 2014, throug interview confirmed is administration of Lat administered April 3, and Latuda 10 mg w 2014, through April 7 confirmed Latuda wa Order for April 2014, the medication without Further interview with DON confirmed the corders and admission as being audited and Continued interview of the continu	4:05 p.m., in the Conference of Physician Orders and the dose of Melatonin and did arge orders from the hospital, affirmed the resident was ong dose of Melatonin from the April 20, 2014. Continued the MAR included medication uda 20 mg had been 2014, through April 8, 2014, as administered, April 4, , 2014. Further interview is not on the Physician's and the resident received ut a physician's order. Nurse Consultant #1/Acting esident's hospital discharge is orders were documented.	{F 281}		
C F	i. 2014, with diagnos Disease, Hypertensio	mitted to the facility on April es including Parkinson's n, Chronic Obstructive and Chronic Ischemic Heart			
E "	Discharge Report date	of the hospital Medication ed April 1, 2014, revealed ligrams) by mouth (no ration included in the			
а	Medical record review dmission orders and Record (MAR docume	of the facility April 1, 2014, the April 2014, Medication entation of medication			

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(X4) IB PHEFIX FAG	(LACH DEFICIENCY	TEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFI) TAG	. ≛∧∷	ROVIDERS PLAN OF COS CH CORRECTIVE ACTION CREFERENCED TO THE DEFICENCY)	SHOULD DO	(KS) COMPLETKIN DATE
{F 281}	Continued From page	pe 37	IC on	43			V , .
	administration) of th	e Tylenol was not included.	{F 28	4)			I
	Medical record rovie	ew of the telephone orders clarify the Tylenol order.					
	Director of Nursing.	Consultant #1/Acting on April 21, 2014, at 4:00 rice Room, revealed the "revert to standing					
	Offector of Nursing a April 22, 2014, at 8:4	Consultants #1/Acting and Nurse Consultant #2, on 5 a.m., in the Conference of Tylenol order had not been #26.					
; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	at 2:45 p.m., by telep pharmacy had called at approximalely 4:30 order due to lack of a Further interview revealmission nurse for revealed the pharmacom., and talked with the Tylenol. Further esident #26 admission outanding orders until the pharmacy printed the pharmacy printed.	the facility on April 1, 2014,) p.m., to clarify the Tytenol if veguency of administration. ested the nurse, the estdent #26, taking the call on order. Further interview by called the facility at 7:00 resident #26 admission us of the clarification order.					

Interview with Licensed Practical Nurse (LPN) #1. on April 22, 2014, at 8:20 a.m., on the 100 hall,

	DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	EO: 05/27/2014 RMAPPROVED
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,	(F 281)	Continued From pa	ge 38	r= 00	.43		•	****
			had been hired about three	(F 28	11}			
		Weeks ago and lode	ay was the third day on the					
		100/200 unit. Furth	er interview revealed LPN #1					
		was not aware of th	e location of the standing					
		orders on the 100/2	00 unit. Further interview					
		revealed the 200/30	0 and 300/400 units had the					
		Slanding orders on a	i clip board. Further interview					
		revealed LPN #1 wo	uld have to go to the other					
		units ii thera was a i	need to refer to the standing					1
		œders.	•					i
		taka 1 - 66 a 6						- 1
		interview with FbM #	2. on April 22, 2014, at 9:08					Ī
		a.m., on the 200/300	l Unit and with I PM #3					
		working on the 300/4	100 unit, on April 22, 2014, at					
		anzam, in the Col	lerence Room, revealed					1
		Medical Director #1 ;	and Medical Director #3 had					1
		separato uncated St	anding Orders available for					1
		use by the nursing st LPN's #7 and #2 con	aff. Further interview with					1
		Orders for Medical D	caled there were no Standing					
		minoria tai manifal D	RICLIUI #Z.					1
	i	nterview with Nurse	Consultant #1/Acting			•		
	1	Director of Nursing, o	on April 22, 2014, at 9:30					
	į.	.m., in the Conferen	ce Room, confirmed the two					
		ieparate undated Sta	สิติที่เกิน Orders avaitable for					
		ise on the 200/300 a	nd 300/400 units were not					į
	ı	he ¢urrent Standina :	Orders, Further intentions					ł
	C	confirmed Medical Di	rectors #1 and #3 had					1
	5	igned new Standing	Orders in Scolember 2012.					
	F	Unition interview con-	firmed Medical Director #2					
	t	ad not signed the 20	12 Standing Orders, Further					f
	řį	nterview confirmed th	ne facility nurses would not					
	þ	e able to follow the p	hysician's Standing Orders					
	d	ue to the current, 20	12 Standing Orders, were					1
	п	ot available to the nu	using staff.					1

Interview with Medical Director #3, on April 22, 2014, at 10:00 a.m., in the Conference Room, revealed "...the standing orders have been

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-039; STATEMENT OF DEFICIENCIES X11 PROVIDERSUPPLIENCHA (X2) MULTIPLE CONSTRUCTION MEDITIAN OF CORRECTION (X3) DATE SURVEY IDENT FICATION NUMBER A BUILDING. COMPLETED 4455802 B. WIND RAME OF PROVIDER OR SUPPLER 05/14/2014 STREET AUDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE AD PREFIX PEACH DEFICIENCY MUST BE PRECEDED BY FLLL REGULATORY OR LSC IDENTIFYING WEORNATION PREFIX (85) GOVPLETION 1441 TAG Dall? DEFICIENCY (F 281) Continued From page 39 **∤F 281**5 discussed long time ago...have modified the SSI in the past year...tried to do SSI uniformly between all doctors...the old set (of standing orders) was from 2011 and was not aware they were still in use..." Resident #28 was admitted to the facility on April 2014, with diagnoses including Hyponatremia. Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease, and was discharged from the facility on April 17, 2014. Medical record review of the Physician's Orders dated April 9, 2014, through April 30, 2014, revealed an order for "... Nystatin oin (ointment) 10000 Apply topically to affected area twice daily...Treatment drug to document on TAR (treatment administration record) only...* Medical record review of the TAR dated April 9, 2014, through April 30, 2014, revealed ... Nvstatin- apply to affected area twice daily...8a (8:00 a.m.) 4 p (4:00 p.m...) Continued review of the TAR revealed the resident was administered the Nystatin ointment April 10, 2014, through April 17, 2014, at 8 a.m., however no documentation the resident received the 4 p.m. dose. Interview with Licensed Practical Nurse (LPN) #7/Treatment Nurse on April 22, 2014, at 9:30 a.m., in the Conference Room, confirmed the

resident did not receive the 4:00 p.m. dose as ordered. Continued interview confirmed LPN #7 "...spoke with the agency nurse..." regarding the resident not receiving the scheduled 4:00 p.m. dose at the time LPN #7 discovered there was no documentation on the TAR. Further interview revealed LPN #7 did not remember when the LPN spoke with the agency nurse, however confirmed the LPN was aware the resident

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES IXII PROWDER/SUPPLIER/CUA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION AND FLAN OF CORPECTION (X3) DATE SURVEY A BUILDING COMPLETED 445502 B. WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D ID. PROVIDER'S PLANOF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) CONFLETION DATE TAG CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (F 281) Continued From page 40 (F 281) continued to not receive the medication after the LPN's conversation with the agency nurse. Continued interview confirmed the LPN did not follow-up with nursing administration. Resident #29 was admitted to the facility on July 16, 2012, and readmitted to the facility on April 14, 2014, with diagnoses including Generalized Anxiety, Chronic Pain, Neuropolhy, Hypertension, Chronic Obstructive Pulmonary Disease, and Gastritis. Medical record review of hospital discharge orders dated April 14, 2014, revealed an order for "...Gabapentin (medication used to treat pain and anxiety) 600 mg PO Three times delly... Continued review revealed an order for Metoclopramide (medication to aid in stemach emptying) 5 mg PO Twice daily before meals...* Medical record review of the Physician's Orders dated April 14, 2014, through April 30, 2014. revealed no order for Gabapentin. Continued review revealed a physician's order for Metoclopramide as ordered on the hospital discharge orders. Medical record review of the MAR dated April 14, 2014, through April 30, 2014, revealed "...Gabapentin 600 mg 1 po TID (three times daily)..." handwritten on the MAR and

documented as administered from April 15, 2014,

documented as administered. Further review of the MAR revealed the resident continued to

through April 22, 2014. Continued review revealed Metoclopramide was on the MAR as ordered from hospital discharge orders, however a line was drawn through the order and marked

as discontinued on April 14, 2014, and

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 05/27/201- FORM APPROVED OMB NO. 0938-039
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HAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO.	<u>05/14/2014</u>
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(F 281)	Continued From pag	ie 41	(₹ 28	11	
	through April 20, 20 medication had been but had an order to the Medical record reviet Order/Clarification Crevealed a clarification githrea times daily being on the MAR but orders. Continued reorder dated April 18, Metoclopramide. Review of facility doc Admission/Read	n marked as discontinued, be administered. W of the Telephone of the Tele			
	on April 22, 2014, at Room, confirmed the Gabapentin was not in Order sheet when so pharmacy. Continued medication was hand and the resident was without an order from	d interview confirmed the written on the MAR for April administered the medication April 15, 2014, through April interview confirmed the charge orders and			

Metoclopramide. Further interview revealed the

Nurse Consultant #1/Acting DON was uncertain why a clarification order was written on April 18, 2014, to discontinue the medication, and was

uncertain why the medication was marked as discontinued on April 14, 2014. Further interview confirmed the Meloclopramide was marked as

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 09/27/2014 FORM APPROVED
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nthan' ac	COOLING WILLIAM	445502	B. Wave		R
LEVAR CE	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY STATE ZP CODE	05/14/2014
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	resident continued in medication from Apr 2014. Continued int #1/Acting DON confibeen listed as audited by the DON on April resident's Physician' to be incorrect after to DON. Resident #30 was ad January 31, 2014, with Diabetes Mellitus Type Cerebral Palsy, Quad Review of the March Physician Recapitulation " Accuehecks Blibreakfast and supper Medical record review 2014, Diabetic Medical revealed the following 1. No documentation obtained on March 21 April 14, 2014. 2. No documentation obtained on April 15, 20 interview with Nurse (Director of Nursing, out.m., in the conference and the property of the conference in the conference	il 14, 2014, and confirmed the obe administered the obe administered the il 15, 2014, through April 20, erview with Nurse Consultant rmed the resident's chart had do and initiated as complete 15, 2014, and confirmed the sorders and MAR continued the April 15, 2014 audit by the mitted to the facility on the diagnoses including sell, Altered Mental State, driplegia, and Hypertension. 2014 and April 2014, tion sheet revealed an order D (two times daily) before	{F 28	DEFICIENCY)	PRIATE DATE
r F	data on the Diabetic N Record, Further Interv ailed to follow the phy	document the blood sugar fedication Administration lew confirmed the facility sician orders to obtain ily in March and April 2014			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION OMB NO. 0938-0391 IX11 PROVIDER/SUPPLIER/CL/A (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER X3) DATE SURVEY Y BRITDING" COMPLETED 445502 B. WING NAME OF PROVIDER OF SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENCH SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH DEFICENCY MUST BE PRECEDED BY TULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID. PREFIX (X5) GOMPLETION PREFIX TAG REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY (F 281) Continued From page 43 {F 281} Validation of the Credible Allegation of Compliance was accomplished on-site on May 13, 2014, and May 14, 2014, through medical record reviews, review of facility documents, and interviews with Norsing and Administrative Staff. Modical record review of the closed chart of resident #3 revealed the resident's Physician Orders and Medication Administration Records were reconciled accurately on March 31, 2014. Resident #3 was discharged from the facility on April 1, 2014. Medical record review of Resident #19's nersing notos dated April 25, 2014, revealed the Interim Director of Nursing, notified the dialysis physician and the resident's responsible party of the medication errors. Medical record review of resident #33 revealed the resident was readmitted to the facility on May 8, 2014. Continued review of the physician orders dated May 8, 2014, revealed the orders has been verified with the physician and signed by two licensed nurses. Medical record review of the Medication Administration Record from May 8-13, 2014, revealed the resident received medications as ordered. The facility provided evidence of audits of reconciliation of admission/re-admission orders,

in-service training for all nursing staff related to physician notification of medication errors, admission/readmission physician order and medication reconciliation, medication omissions, blood glucose monitoring and shift to shift audits of accurchecks and sliding scale insulin, sliding scale insulin orders, and physician standing orders, and the pharmacy procedure for

DEPAREMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/2/72014 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFADIENCIES <u>OMB NO. 0938-0391</u> PIXT) PROVIDERISUFFLUERICIJA AND PLANOS CORRECTION IXX) MULTIPLE CONSTRUCT ON CCC) DATE SURVAY IDENTIFICATION NUMBER: A. DUNDING_ DOMPLETER. 445502 NAME OF PROVIDER OR BUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 201 Enon Springs Road East SMYRNA, TN 37167 SUMMARY STATEMENT OF CELICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FIJLL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVERS IN NO FCURRECTION ID. FREFIX (X5) COMPLETION TEACH COHRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFIGIENCY: (F 281) Continued From page 44 (F 281) medication orders. The facility provided documentation of an emergency Performance Improvement Meeting held on April 28, 2014, to discuss the new admission/readmission medication reconcilation process, pharmacy process, and physician notification process Interviews with Nursing Stoff on all shifts May 13-14, 2014, throughout the facility, revealed the nursing staff had been in-serviced on the protocol for new admission/readmission medication order reconciliation, pharmacy protecol, medication errors, and physician standing orders. The facility will remain out of compliance at a Scope and Severily level "F" a deficient practice that constitutes no actual fram with potential for more than minimal harm, that is not immediate Jeopardy until it provides an acceptable plan of correction and corrective actions are verified onsite. C/O #33583 (F 309)

483.25 PROVIDE CARE/SERVICES FOR SS-E HIGHEST WELL BEING

> Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

(F 309) F 309

Christian Care Center of Rutherford County believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 00/27/2014

1	CENTERS FOR MEDICARI			O	FORM AFPROVE MB NO. 0938-033
t	STATEMENT OF CORICIENCIES AND PLAN OF COHRECTION IBENTIFICATION NUMBER TO STATEMENT OF CORRECTION OF CORRECTION NUMBER TO STATEMENT OF CORRECTION OF CORRECTION NUMBER TO STATEMENT OF CORICIENCIES		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(XI) BATE SURVEY COMPLETED
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f			~~~ ~~~	and the second s	· · · · · · · · · · · · · · · · · · ·

(F 309) Continued From page 45.

This REQUIREMENT is not met as evidenced DV:

Based on medical record review, review of Timeline of Events, review of Medication 3 Month Review, review of New Admission/Readmission Audits, and interview the facility falled to provide a system of quality of care to ensure any resident admitted or readmitted to the facility with hospital discharge physician's orders for medications received the correct medications. The facility's failure to provide quality of care resulted in one resident (#3) requiring re-hospitalization in critical condition, and resulted in seven residents (#19, #14 #24, #29, #13, #1, #10) receiving multiple medication errors, of thirty-one residents reviewed.

The facility's failure to reconcile hospital discharge/facility admission orders, and failure to follow up on knowledge of modication discrepencies, resulted in substandard quality of care, and is likely to place any resident admitted to the facility from the hospital in Immediate Jeopardy (a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause. serious injury, harm, impairment or death to a resident)

The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurse Consultant #2, Nurse Consultant #3. Vice-President of Client Operations, and Medical Director #1 were informed of the Immediate Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

The Immediate Jeopardy was effective March 14,

Corrective Actions for Targeted Residents (F 309)

reconciled from the previous provider accurately on 3/31/14 by the Director of Nursing (DON). Resident #3 was discharged from the facility on 4/1/14. Resident #24 was discharged from the facility on 4/23/14. Resident #19's medication orders were reconciled on 4/17/14 by the DON. Resident #19's physician and family were notified of medication errors on 4/17/14 by the DON. Resident #14's accu-check time was changed from 6 am to 7 am on 4/21/14 by the MD to be closer to mealtime. Facility protocol for sliding scale insulin administration was discontinued by the Medical Director on 4/28/14. Resident #14's family was notified on 4/21/14 by the DON of medication errors. Resident #1 was a closed chart. Medications for Residents #10, #13 and #29 were reconciled by the DON on 4/25/14.

Resident #3 was transferred to acute care on

3/29/14. Resident #3 returned to the facility

on 3/31/14. Resident #3's medications were

Identification of Other Residents with Potential to be Affected

Current residents have the potential to be affected by this practice. A 100% audit of active residents' admission/re-admission orders from the facility-pharmacy matching the discharge orders from the previous provider, ensuring all pages were faxed to the pharmacy and reconciled correctly onto the MARs, was conducted by the DON and Nurse Consultant beginning on 4/18/14 and

MARKET STATE	TARENT OF HEALTS	(AND HUMAN SERVICES			PRINTED: 05/27/201
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2 11710.211	an Graf Gerick C	L ROTHERFORD COUNTY FEC		SMYRNA, TN 37167	
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(F 309)	, · · ·	ing. An extended survey was	(F 309	actions taken by the DON and Nurse Consultant are as follows: Orders not	and the
	F309-K	of Care was cited under		transcribed correctly onto the MAR at nine residents. These residents' medi were reconciled correctly onto the MA	cations AR bv
	Compliance on May 13, 2014, and May 1 corrective actions in removed the Intimed			the Nurse Consultant on 4/22/14. On of medication administration doses af two residents. The MD and family we notified of errors on 4/22/14 by the N Consultant. Nursing education for lice staff by the DON occurred on 4/22/14	fected re urse ensed
	citation for the facility effectiveness of corr	ective actions in order to mpliance and evaluation of		regarding these errors. On 4/25/14, the re-wrote clarification orders for all restharts cited for this issue by matching orders to current MARs to ensure physocraters are followed for accu-checks an sliding scale insulin administration and	he DON ident current sician's id that
	The findings include:	F :		medication reconciliation is correct. The remaining residents' medications were)
 	Decomber 26, 2012, on March 14, 2014, v Respiratory Failure, (Sinonal Node Dysfun	ritted to the facility on and readmitted to the facility with diagnoses including Chronic Atrial Fibrillation, ction, Pneumonia, Chronic ry Disease, Hypertension, ar Accident.		reconciled by the nursing staff on 4/30 during the MAR change-over procedur MAR change-over was double-checked Nurse Consultant on 4/29/14 and 4/30 ensure accurate medication reconciliat onto new MAR. Beginning 4/22/14, the procedure was initiated of the Consultant of the Consultan	e. This by the /14 to lon e new ant
	vied (Medication) Re	y of the hospital Discharge c (Reconciliation) form dated aled the hospital Discharge		Pharmacist conducting a daily audit, or the facility, of hospital/previous provid discharge orders to ensure accurate medication reconciliation from the pre-	er

Med Rec form contained a total of 6 pages of

discharge from the hospital and readmission to

Discharge Med Rec form for pages 1 and 2 included physician's orders for the resident to

medications ordered for resident #3 upon

the facility. Continued review revealed the

continue the following medications on

provider was received by the pharmacy, and

orders were received by the pharmacy. On-

call pharmacist will conduct this audit, on-site

at the facility, of medication reconciliation of new admissions/re-admissions on the

that all pages of admission/re-admission

DEPARTMENT OF HEALTH AND HUMAN SECONDER

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{F 309}	readmission to the thinner) 2.5 mg (mil total of 3.5 mgs at a for cholesterol man	ige 47 facility: Coumadin (blood ligrams) and 1 mg daily for a 4:00 p.m., Lipiter (stalin drug agement) 10 mg at bedilmo, ation to regulate boart rate) 25	(F 30	g) admiss on-goli met fol quarte signed	nds. This daily audit of a sion orders by the pharm ng until desired threshol r three consecutive mon rly. Standing Orders wer by the Medical Director protocol for sliding scat	nacist will be d of 100% oths; then re revised as on 4/28/14	e Is

slow heart rate and control rhythm) 0.125 mg once per day, Cardizem (heart modication to control heart rate and blood pressure) 120 mg once per day, and Lisinopril (medication to control high blood prossure) 10 mg once per day. Medical record review of Physician's Orders

mg twice per day. Digoxin (heart medication to

(recapitulation orders) for March 14, 2014. through Merch 31, 2014, revealed no orders for the following medications: Coumadin, Lipitor, Coren, Digoxin, Cardizom, or Lisinopril.

Medical record review of the Medication Record (form used to document medication administration: MAR) dated March 14, 2014. through March 31, 2014, revealed two pages of medications, neither of which included the Cournadin, Lipitor, Coreg, Digoxin, Cardizem, and Lisinoprii for resident #3

Medical record review of a nurse's note dated 3/28/14. At approx. (approximately) 3 p.m. this nurse was called to resident room to assess resident. Resident (#3) in bed with eyes closed, shaking et (and) c/o (complained of) being cold. Resident alert et responsive. Vital signs T (temperature) 100.8 orally, IP (pulse) 138 (normal range 60-100), R (respirations) 27, B/P (blood pressure) 156/92, O2 (oxygen) 78 % (percent) via (by) no (nasal cannula) of 3 LPM (liters per minute). This nurse instructed patient to breathe in through mose et out through mouth. O2

Facility protocol for sliding scale insulin admini-stration was discontinued by the Medical Director on 4/28/14. Per the Medical Director's approval, sliding scale insulin administration will follow the physician's discharge orders from the hospital/previous provider. Pharmacy was notified of this revision for Standing Orders on 4/29/14 by the DON. Pharmacy staff was In-serviced regarding standing orders by Regional Director of Pharmacy on 4/28 and 4/29/14. These Standing Orders were placed in the residents' charts and in the front of the MARs by the DON on 4/29/14, who instructed each nurse when and how to use these orders and where they could be located; completed 5/1/14.

Systematic Changes

On 4/18/14, the DON initiated in-services for licensed staff regarding the new Medication Reconciliation Procedure of two nurses reconciling discharge orders from the hospital/previous provider with the physician's orders/MARs sent by the facility pharmacy with both nurses' signatures on the hospital discharge orders and the facility pharmacy MARs. In-service also included the need for the Admitting Nurse to place a telephone call to the newly-admitted resident's attending physician to review, adjust, and accept admission orders. Any

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を	is-92% fluctuating, octor) of pt (patient octor) of pt (patient of the patient of	Nurse opplied a por mask et O2 increased to Nurse notified MD (medical) status et MO (new order) to ncy room) for evaluation of the Statistics of the Stati	(F 30:	clarification orders given by the adm	cing Nurse e nission d with g by the with lity ices. re of the mission ed cated by or, of the dure of s s sent by corders ing to the pharmacy conal ered ers and pages nel was ofacility a final armacy unction the	

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(F 309) Continued From page 49

irregularly irregular..." Further rowew revealed the resident's vital signs were documented at 5:58 p.m. "...b/p 131/80, pulse 154, resp. (respirations) 28, and temp 100.3..."

Medical record review of emergency room lab report dated March 29, 2014, revealed resident #3's level of the Digoxin medication was reported as "...< (less than) 0.2 L (low)..." Continued review of the emergency room report revealed the resident had an Electrocardiogram (EKG, diagnostic lest to evaluate heart rate, mythm, and electrical pulses). Further review roverled the results of the heart monitoring test was A-Fib (Atria: Fibrillation) with RVR (rapid ventricular response)..." indicating the resident's heart rate and rhythm were abnormal. Continued review revealed, "...Clinical Impression: Primary Impression: Pneumonia...Secondary Impressions: AFib, COPD (Chronic Obstructive Pulmonary (Disease)..." Further review revealed the resident was admitted to the hospital for further treatment.

Medical record review of Consulting Physician #1's note dated March 29, 2014, revealed resident #3 was seen by a consulting physician in the hospital. Review of the record revealed, ...Reason for Consultation: Airlal flerillation..." Further review revealed the resident "...was found to be in atriol fibrillation with a ventricular rate around 170...(resident) has history of chronic atrial fibrillation, chronic heart failure, and had a stroke in September 2012...Currently (resident) is on long term eral anticoagulation (Coumadis)... Further review of Consulting Physician #1's note revealed, ... Diagnostic Studies: (Resident's) EKG shows strial fibrillation with a ventricular rate around 185, low voltage, and poor R-wave

(F 309)

Beginning 4/25/14, all new orders, including admission/re-admission orders, will be reviewed by four pharmacy staff by the following procedure:

- Order entry will be performed by pharmacy technician at Pharmacy Office #1.
- Order entry/clinical review for accuracy will be conducted by the pharmacist at Office #1.
- Packaging of product will be performed by the pharmacy technician at Pharmacy
- Final review of product and medication orders will be performed by the pharmacist at Pharmacy Office #2.

Due to Pharmacy Offices #1 and #2 being on the same computer system, this new pharmacy procedure will not impede nor slow down medication and MAR delivery to the facility. Pharmacy Office #2's pharmacy technicians and pharmacists were educated on 4/29/14 by the Vice President/Clinical Director of Pharmacy Services in person regarding the new procedure of Pharmacy Office #1 assuming the function of order entry and the procedure of orders being reviewed by four pharmacy staff, from both offices, to ensure accurate medication reconciliation from previous provider. 100% of pharmacy technicians and pharmacists were present for this in-service. No agency staff is used by Pharmacy #2. Pharmacy #1's pharmacy technicians and pharmacists were educated on 4/25/14 by the Vice President/Clinical Director of Pharmacy Services regarding the new procedure of Office #1 assuming all order entries and the procedure of orders being

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CENTERS FOR MEDICAL	TITANO HUMAN SERVICES RE & MEDICAID SERVICES			PRINTED: UMZ7/2014 PORMAPPROVED
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(F 309) Continued From page 50

progression..." Continued review of the consultation note revealed, "...lmpression: 1. Atrial fibrillation 2. Acuto...chronic heart failure..."

Medical record review of Consulting Physician #2's note dated March 29, 2014, revealed, ... Assessment and Plan: 1. Atrial fibrillation with repid ventricular response. Cominue Cardizem thip initiated in the emergency room...2. Pricumonia., 5. Subtherapeutic digoxin level. We will load the patient with digoxin ...and repeat level in the morning hours with further orders to foliow..."

Medical record review of Hospitalist Physician's Progress Note dated Morch 30, 2014, revealed. "...Subjective: The patient (resident #3) was noted to have persistent atrial fibrillation with rapid ventricular response despite Cardizem drip. (Resident) was also noted to have hypoxia (a decreased level of oxygen in the blood)...The patient was also note (noted) to have some decreased responsiveness and (resident) was... transferred to the intensive care unit (ICU)..." Continued review of the physician's. progress note revealed, "... Assessment and Plan: The patient is a 59 year old (resident) admitted to the hospital with community acquired pneumonia and attlal librillation with rapid ventricular response, pulmonary edema due to anute congestive heart failure exacerbation...Plan; 1. Atrial fibrillation with rapid ventricular response. Heart rate is improving. Continue Cardizem..."

Medical record review of Consulting Physician #3's note dated March 30, 2014, revealed, "... (Resident #3) also has atrial libralation with rapid ventricular rate. (Resident) was transferred to ICU this morning because of hypoxia and also

reviewed by four pharmacy staff from both (F 309); offices. This in-service was repeated by the Pharmacy Operations Manager on 4/29/14;

this ensured 100% pharmacy technicians and pharmacists were educated. Newly-hired pharmacy technicians and pharmacists will be educated during their orientation period by the Pharmacy Operations Manager regarding new order entry system, new facility-cover sheets for faxing admission/re-admission orders to the pharmacy, and on-site daily audits of admission/re-admission orders for medication reconciliation accuracy. No agency staff is used by pharmacy #1. Beginning 4/28/14, the pharmacy will provide the facility with a cover sheet for admission/re-admission orders that will consist of a bar code that will move these orders to an "as soon as possible" status for the pharmacy. This cover sheet will also consist of nurse contact number for any clarification issues, and number of pages faxed to the pharmacy. Vice President/ Clinical Director of Pharmacy Services conducted mandatory in-services for facility licensed staff on 4/28/14 and 4/29/14 regarding utilization of the new Fax Cover Sheets for Admissions Office, new Fax Cover sheets for nurses to utilize for admissions/ re-admissions, and tips for writing and sending medication orders. 100% of facilitylicensed staff attended one of these inservices. Newly-hired and agency licensed staff will be in-serviced by the DON, prior to reporting to the floor for the first time, regarding the new pharmacy cover sheet to be utilized with admission/re-admission orders to place these orders in a "priority" status for the pharmacy.

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{F 309}	Continued From pa	ge 51	{ F 309	Monitoring	
	rate" Continued a "longression: 1A Precumenta 3. Cong fibrillationRecommeransfer to intensive in the ICU, critically Medical record revies Summary by Hospit 31, 2014, revoaled, patient (resident #3) Cardizem dripThe subtherapeutic digorilloaded with digorin, have persistent atria ventricular response dripTho patient wo care unitPlan for the improving3. Atrial ventricular response Cardizem drip has be The patient will be dithome today" Review of Timeline of and signed by the DC EventsDuring MAR ending March 2014 a	cute respiratory faiture 2. pestive Heart Failure 4. Africal mendations: 1. Agree with care unit 7. Continue care iii" w of the hospital Discharge alist Physician dated March "Hospital course: The was admitted and started on patient did have a cin level and the patient was The patient was noted to I fibrillation with rapid despito the Cardizom s transferred to the intensive is patient: 1. Presuments to		The results of the daily accu-check/slidin scale insulin audits will be presented by ADON to the monthly Performance Improvement Committee for review and recommendations until desired thresho 100% is met for three consecutive monthly then quarterly. The results of the daily a of the new Medication Reconciliation Procedure of verifying all admission/readmission orders by two nurses, verifying admission orders with the resident's attraction physician, and faxing only the orders proby the EMS/ accompanied by the resident the pharmacy, results of the daily on site pharmacist review of admission/re-admiorders will be presented by the DON to monthly Performance Improvement Contee for review and recommendations undesired threshold of 100% has been met three consecutive months; then quarterly Performance Improvement Committee meeting, consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was conducted on 5/22/14 a results of the above audits were found to	the if Id of hs; udits g ending evided nt to ssion the nmit- til for y. A
î : (investigation, II apper not receive (resident) Doreg, Digoxin, Card	ns that resident (#3)did a) schedused Cournadin, izem, Lisinopril or Lipitor e-Edmittod to Macillo on		In continued compliance. The daily accu- checks/sllding scale Insulin administration audits and the dally medication reconcilia audits will continue to be completed daily	itian

since (resident) was re-admitted to (facility) on 3/14/14..." Continued review of Timeline of Events revealed when the resident was readmitted to the facility on March 14, 2014, the resident's hospital discharge orders were faxed to

the pharmacy. Further review of Timelino of

three months as a recommendation from the Performance Improvement Committee and will continue to be reviewed monthly by the Performance Improvement Committee for recommendations regarding monitoring

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<u>, ्मा। ।</u>	RS FOR MEDICARE	& MEDICAID SERVICES			FOA	えいいろうりょういき
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	Events revealed the phare 4, 5, and 6 of a total 14, 5, and 6 of a total 15 eview revealed the pages 1 and 2 which the roaldent's Coum. Carolizom, Listinopril, Interview with the DC on April 15, 2014, at Room, revealed the medication errors rethe resident's dischalto the pharmacy did in the pharmacy of the pharmacy and the pharmacy, a medications, or the pharmacy, a medications, or the pharmacy, a medications (Counting of the pharmacy, a medications (Counting of the pharmacy, a medications (Counting of the pharmacy), a different 29, 2014 (a merview with the policonfirmed the facility's estitent's hospital dispanding the salidation or the pharmacy of the	facility's investigation macy received only pages 3, of six pages. Continued pharmacy did not receive a consisted of the orders for adin, Coreg, Digoxin, and Lipitor. ON and Nurse Consultant #1 2:45 p.m., in the Conference DON's investigation of the vested the nurse who faxed rge orders from the hospital not verify with the pharmacy pharmacy had received, evealed when the resident's from the pharmacy, the nurse ions with the Physician RS which were generated and clid not reconcile the hysician orders with frie ders. Further interview with Consultant #1 continued ceive six ordered in, Coreg, Digoxin, Lipitor) from the time of the o the facility on March 14, ht's discharge to the hospital total of 15 days). Further I alture to reconcile the charge orders with the fers placed the resident at and confirmed the facility is physical status by not	{F 30x	frequency, adjustments to monitoric system changes. The Administrator will follow-up on recommendations Performance Improvement Committee consumer continued compliance. The ance Improvement Committee consum Administrator, Medical Director, But Office Manager, Director of Nursing Director of Nursing, Human Resource Clinical Records Clerk, Marketing/Activities, Director, MDS Coordinator, Assessm Nurse, Director of Activities, Director Dietary, Director of Housekeeping/L Maintenance Director, Director of Services, Therapy Manager, Consult Pharmacist, and Line-Staff Nurse.	and DON from the tee to Perform- sists of the siness Assistant tes Clerk, dmissions nent or of aundry, ocial	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO 0938-0391 STATEMENT OF BREICENCIES (81) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION MAD FLAN OF CORRECTION (X3) DATE SURVEY IDENT#ICATION NUMBER A BUILDING COMPLETED 445502 H WING NAME OF PROVICER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TH 37167 SUMMARY STATEMENT OF DEFICIENCIES (X3LID PROVIDER'S PLAN OF CORRECTION D PREFIX IEACH DEFICIENCY MUST BE PRECEDED BY FULL (X\$) COUPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD HE TAG REGULATORY OR USC IDENTIFYING INFORMATION! CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) Continued From page 53 (F 309) the DON had questioned the admitting nurse of resident #3 about the resident not being admitted from the hospital with Coumadin orders. Continued interview with the DON confirmed the DON also did not reconcile the hospital discharge orders with the facility's admission orders at the time the DON became aware on March 16, 2014, the resident was not receiving Coumadin. Interview with Hospitalist Physician #1 on April 21. 2014, at 10:26 a.m., by phone, confirmed the physician was one of resident #3's treating physicians. Further interview revealed, "...I would say the fact that (resident) did not receive medications led to the (resident's) hospitalization..." Continued interview confirmed the resident's Digoxin level "...was very low...", subtherapeutic, and confirmed the resident was ... critically ill..." necessitating the resident's transfer to the Intensive Care Unit (ICU). Further interview with Hospitalist Physician #1 confirmed when resident #3 was administered the resident's ordered medications (specifically Cardizem and Digoxin) the resident improved, and was able to be discharged back to the facility. The facility nursing staff's failure to reconcile hospital discharge orders with facility admission orders resulted in resident #3 not receiving scheduled medications (Coumadin, Lipitor, Coreg. Digoxin, Cardizem, Lisinoprii) from the day of the resident's readmission to the facility on

Jeopardy.

March 14, 2014, until discharge to the hospital on March 29, 2014 (a total of 15 days), resulted in a lack of quality of care. The facility's failure to ensure the resident received prescribed medications placed resident #3 in Immediate

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER'S LIFE LERICLIA (X2) MALE TIPLE CONSTRUCTION (DENTIFICATION NUMBER (A. BULDING	FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED R	1
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Resident #19 was admitted to the facility on February 26, 2014, and readmitted to the facility on March 27, 2014, with diagnoses including Acute Edema, Hypertension, Chronic Kidney Disease, Heart Disease, End Stage Renai Disease, Congestive Heart Faiture, Chronic Obstructive Pulmonary Disease, Parkinson's Disease, and Dementia. Medical record review of the hospital Discharge Med Rec form dated March 27, 2014, revealed no order for Phosio (Calcium Actetale) 667 mg, a medication used to bind with phosphorus in the body to docrease the level of phosphorus in the blood). Continued review also revealed no order for Crestor 20 mg (an antistatin medication used to lower cholesterol). Further review of the Discharge Med Rec form revealed orders for Mirtazapine 7.5 mg (an antidopressant medication) and Protonix 40 mg (a stomach medication) and Protonix 40 mg (a stomach medication) and Protonix 40 mg (a stomach medication orders) dated March 27, 2014, through March 31, 2014, revealed a medication order for "Calc (calcium) Acetate Cap 657 mg 1 capsule PO (by mouth) with mealsFor Phosto" Continued review of Physician's Orders revealed a medication order for "Crestor tab 20 mg 1 tablet PO at bedimo" Further review of the Physician's Orders for March 27, 2014, through March 31, 2014, revealed resident on medication ordors for Mirtazapine (Remeron) or Protonix. Medical record review of the dated March 27, 2014, through March 31, 2014, revealed resident 419 received both Calcium Acetate and Crestor		

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(F 309)	Continued From page Continued review of resident was not add Protonix.	ge 55 the MAR revealed the ministered Mirtazapine or	(F 309)			
	Inrough April 31, 201 MARS revealed the orders for Mirtozapin originally been omitted readmission to the factorial continued review of MARS for April 2014 discontinued these meconciliation of the MARS for April 2014 discontinued these meconciliation of the March 2014 orders with the April Physician's Orders for the Calcium had been omitted by hospital discharge or March 27, 2014). Further and been orders to Physician's Orders and Changed the orders to Physician's orders and added by the pharma resident #19 continued medications without a land Crestor), and fail medications (Mirtazaphad been ordered by from March 27, 2014, form Marc	the Physician's Orders and revealed nursing sedications during sedicates. Purple review of the ers and MARS revealed no macetate or Crestor (which pharmacy from the original ders and Physician's Orders of the April and MARS revealed nursing or match the March 27, 2014 and MARS which had been be administered two an order (Calcium Acetate ed to be administered two bine and Protonix) which the discharging hospital through April 17, 2014.				
) (Month Review dated / Facility) Medication F Review3-27-14 re-a	dmit pharmacy				
\$	sharmacy also added	emeron (Mirtazapine), the Crestor and Phosto hout an order. This was not				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/27/2014

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: : : : : : : : : : : : : : : : : : :	caught by nursing. orders) from the phase when the nurse chase orders) (the nurse) of match March's MAR documentation revers 3 Month Review was Consultant #1 to the and Administrator on Interview with the DC on April 17, 2014, at Roam, confirmed the April 2014 Physician' incorrect. Continued resident continued to medications, Phosio Crestor without a physician's confirmed the resident continued to medications Mirlazap 27, 2014, until April 11 confirmed both the DC ware the resident wanedications that were aware the resident continued and Crostor without placed to correct If the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and Crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued and crostor without placed to correct the resident continued to continued t	The April POS (Physician's imacy was correct however ched the POS (Physician's hanged all the orders to" Further review of facility alled the Medication Reviews sent by email from Nurse Director of Nursing (DON). April 4, 2014. IN and Nurse Consultant #1 2:55 p.m., in the Conference resident's March 2014 and sorders and MARs were interview confirmed the receive discontinued (Calcium Acetate) and sician's order, and it did not receive ordered ine and Prolonix from March 7, 2014. Further interview ON and Nurse Consultant resident was receiving and became is not receive, and became is not receive Calcium Acetate in medication errors, and it o receive Calcium Acetate hysician orders, and did not receive Calcium Acetate hysician orders, and did not sations, Mirtazapine and 17, 2014. Ity nursing staff to begins discharge orders orders, and the facility's anagement staff's failure to e medication errors upon	{F 309		

quality of care, and placed resident #19 in

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 XII PROVIDER: SUPFIJER: CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING _ COMPLETED 445502 B WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST **SMYRNA, TN 37167** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID JEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) Ю PROVIDER'S PLAN OF CORRECTION PRIFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE (XI) GOMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAGE **JAKE** (F 309) Continued From page 57 (F 309) Immediate Jeopardy. Resident #14 was admitted to the facility on March 31, 2014, discharged to the hospital on April 1, 2014, related to care for a cyst, and readmitted to the facility on April 11, 2014, with diagnoses including Diabetes Meltitus. Hypertension, Peripheral Neuropathy, Congestive Heart Failure, and Acute Renal Failure. Medical record review of the physician order dated March 31, 2014, revealed ... Accucheck (monitoring of blood sugar) AC + HS (before meals and bedtime)..." Medical record review revealed no documentation of the monitoring of the blood sugar level before the supper meal on March 31, 2014. Medical record review of the hospital Discharge Med Rec dated April 10, 2014, for the facility readmission on April 11, 2014, revealed an order for sliding scale insulin (SSI). The facility readmission orders dated April 11, 2014, revealed the hospital SSI order reverted to the facility SSI protocol (effective on September 2012) as follows "Novolin R (fast acting insulin, medication to control blood sugar) inject subcutaneously (under the skin) as directed per SSI (Sliding Scale Insulin): If glucoso (blood sugar) < (less than) 60

give snack & (and) recheck in 30 minutes. If recheck still <60 give Glucagon UD (Unit Dose); 251-300= 4 units (give 4 units); 301-350=6 units, 351-400=8 units; 401-450= 10 units; Recheck in 1HR (hour) using above sliding scale if BG (Blood Glucose) > (greater than) 300; >450= (means) call MD (physician) for orders recheck in 1 HR or per MD...* Further review of the readmission

OFFAR	IMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/201
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	orders revealed "	Accucheck AC + HS*	(F 30	₩}	
	Administration Reco the accuchecks were a.m. (morning); 11:0 9 p.m., Further revier following; 1. April 18, 2014, a was 253 and no doc administration (shou 2. April 19, 2014, a was 301 and no insu- have administered 6 3. April 19, 2014, a was obtained; 4. April 20, 2014, a was 305 and no insu- have administered 6 5. April 21, 2014, b accucheck was obtai 6. April 23, 2014, a accucheck was obtai	it 9:00 p.m. no accucheck It 11:00 e.m. the accucheck lin administration (should units); efore the breakfast meal, no incd, and on it "6A (6:00 a.m.)" no ned.			
! ! !	assigned to resident; 11:15 a.m., on the 10 nurse (7:00 p.m. to 7: blood sugar" Furthe blood sugar level for /	#14, on April 21, 2014, at 0 hall revealed "the night 00 a.m. shift) obtains the or interview confirmed the 4pril 21, 2014, at 8:00 a.m. on the Diabetic Medication			
[8 4 V	t.m., in the Conference food sugar level and	n April 21, 2014, at 11:38 ce Room confirmed the the insulin administration was olevated was to be			

documented on the Diabetic Medication

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in the second of	review of the April 20 Administration Reconursing staff failed to administration Reconursing staff failed to and failed to administration and failed to administration and failed to administration with Medical 2014, at 11:52 a.m., confirmed "expect gotten stiding scale (blood sugar elevated Interview with LPN #5 has estimated the April 23, 20 and the April 24, 20 and the April 24, 20 and the April 25 and the	rd, Further interview and 114 Diabetic Medication of confirmed the facility obtain blood sugar levels dered the insulin when the vated. al Director #2, on April 21, in the Conference Room (resident #14) should have insulin) per order (when)* 5, on April 23, 2014, at 7:45 mursing station, and Nurse Director of Nursing present, deen responsible for a 7:00 p.m7:00 a.m. shift the blood sugar level the 014. 4, and observation on April 23, and Nurse Consultant Nursing present, outside the confirmed LPN #4 was at #14 for the 7:00 and had not obtained the ing of April 23, 2014. When sich shift was responsible to pod sugar LPN #4 stated p.m7:00 a.m.) does it." the Nurse Consultant Sursing revealed this N#4) before the Nurse Director of Nursing could	{F 30	09}			

Interview with Nurse Consultant #1, on April 23,

DEMAR	IMENT OF HEALTH	AND HUMAN SERVICES			F): 05/27/2014 LADORES
CENTERS FOR MEDICARE & MEDICAID SERVICES						PORN NA RMC	APPROVED 0.0938-0391
Statemen And Plan	T OF BEFICENCIES OF CORRECTION	(X1) PROVØERSUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT A SUBEX		CONSTRUCTION	ואם ובאן	TE SURVEY MPLETED
		445502	B. WING			0.5	R /14/2014
INVALUE OF	PHOVIDER OR SUFFLIER			S7	REET ADDRESS, CITY, STATE, ZIP CODE	1 03	V 1412014
CHRIST		FRUTHERFORD COUNTY LLC		20;	Pénon Springs road éast IYRNA, TN 37167		
(X4) ID PREFIX TAG	ILAUH DEFICIENCY	FENERIT OF DEFICIENCES MUST BE PRECEDED BY FULL SG DENTIFYING INFORMATION	PREFIX YAG	(PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCE) TO THE APPROPRIEMCY)) BE	(VS) COMPLETION DAT)
	confirmed the facility #4 regarding the chafrom 6:00 a.m. to 7:1 Interview with LPN # on April 24, 2014, at nursing station, confladmitted on March 3 had been discharged 2014. Further intervator March 31, 2014, a obtained. The facility's nursing blood sugar level and administer the presonance was elevated from the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and the facility and facil	n the Conference Room, had failed to inservice LPN ange in the accucheck time XI a.m. 8 and Nurse Consultant #2, 10:15 a.m., at the 100/200 irmed resident #14 had been it, 2014, at 2:50 p.m. and it before breakfast on April 1, and the nursing staffs failure to itself insulin when the blood diaced resident #14 in April 10, 2014, for the facility 11, 2014, for resident #14	(F 30:	9)	BEF#JENCY)		
	to treat nerve pain) 8 mouth) every 6 hours	*Gabapentin (medication 00 mg (milligrams) po (by "					
;	orders dated April 11. 2014, MAR documen	inscribe the Gabapentin 800					
;	2014, at 2:20 p.m., in confirmed the facility reconcile the hospital the facility readmission.	Consultant #1, on April 17, the Conference Room, nursing staff had failed to discharge medications with a orders, a standard of nterview confirmed the					

	DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/2014
CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM APPROVED	
2	らてみてどりはこん	A OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER	(X2) M(A) A: BU(LD)	FIFLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
L	11.4		445502	8 WINS		R
	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE ZIP CO.	05/14/2014
L.	CHRIST	IAN CARE CENTER O	F RUTHERFORD COUNTY LLC		202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	
	(X4)ID PREFIX TAG	LEACH ON EXCIDING S	TEMENT OF DEFICIENCIES MAIST BE PRECEDED BY FLL (SC IDENTS VING MECRIMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEFICIENCY)	HOUR COURSESSOR
		readmission on Aprimedication reconcilithe omission of the 1/214. Interview with Pharm 1:25 a.m., in the confacility identified a brobetween the pharma April. Further interview rev. Performance Improve 2014, the pharmacy hospital discharge madmission physician revealed "assumed contact with (pharma de a clarification of (Pharmacy)" Resident #24 was ad 2, 2014, with diagnose Dementia, Parkinson' Kidney Disease Stage Medical record review orders dated April 2, 20 order for "Melatonin prescribed for sleep) o.m.)Latuda (an aly medication prescribed	had conducted an audit upon 11, 2014, to review the ation and had failed to identify Gabapentin order for resident had saled to identify Gabapentin order for resident had saled to identify Gabapentin order for resident had saled to April 22, 2014, at forence room, revealed the eakdown in communication by and the facility in early ealed prior to the last ement meeting held April 10, did not compare/reconcile edication to the facility orders. Further interview forders verified prior to by or that the nursing facility order prior to contacting the mitted to the facility on April es including Anemia, is Disease, and Chronic in 3. To of the hospital discharge 2014, revealed a medication (herbal medication for anxiety) 20 mg Twice and 10 mg every 6 hours as	(F 309		
	l C	Medical record review lated April 2, 2014, th evealed an order for	of the Physician's Orders			

DEPAR	IMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/2014
CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM APPROVED
STATEMEN	T OF BEHISIENCIES OF CORRECTION	(XI) PROVIDERGUPPLIER/CLIA DENTIFICATION MIMBER		TIPLE CONSTRUCTION ING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		445502	B. WING		R
NAME OF	PROVIDER OR SUPPLIER		!	STORY AGONDAN	05/14/2014
	· · · · · · · · · · · · · · · · · · ·	FRUTHERFORD COUNTY LLC	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP GOD 207 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	E .
(X-1) ID PREFIX TAG	LEACH DEFICIENCY	FEMENT OF DEFICIENCIES MIRST BE PRECEDED BY FULL SC EDENTIFYING INFORMATIONI	(D PREF# 7AG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	COLORE CONTRACTO
(F 309)	Physician Orders re Medical record revie	vealed no order for Latuda.	{F 30	9}	,
	#24 was administere 4, 2014, through, Ap review of the MAR re day and Latuda 10 n	30, 2014, revealed resident and Melatonin 5 mg from April and 20, 2014. Continued evoaled Latuda 20 mg twice a 19 every 6 hours as needed			
	was handwritten on the form. Further review revealed the resident was administered Latuda 20 mg twice a day from April 3, 2014, through April 8, 2014, and was administered Latuda 10 mg April 4, 2014, through April 7, 2014, one time daily. Review of the facility documentation entitled New Admission/Readmission Audits dated April 3, 2014, revealed resident #24's admission orders had been listed as audited and initiated by the DON as being completed and correct.				
,					
	on April 21, 2014, at a Room, confirmed the MAR had the wrong one match the discharge the wrong the first and the wrong the wrong the wrong the wrong the wrong the wrong the wrong April 2, 2014, through April 8, 2014, through April 8, 2014, through April 7, confirmed Latuda was order for April 2014, a	Consultant #1/Acting DON 4:05 p.m., in the Conference Physician Orders and the dose of Melatonin and did rge orders from the hospital. firmed the resident was no dose of Melatonin from April 20, 2014. Continued the MAR included medication ida 20 mg April 3, 2014, and Latuda 10 mg April 4, 2014. Further interviews not on the Physician's and the resident received			
; [OON confirmed the re	it a physician's order. Nurse Consultant #1/Acling esident's hospital discharge orders were documented			

CENTE	CINCIAL OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/201- FORM APPROVED		
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AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. DULDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		F RUTHERFORD COUNTY LLC		202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	-		
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAIS	PROVIDER'S PLAN OF CORRECTIVE ACTION SAIL CROSS-REFERENCED TO THE APP DEFICIENCY)	QUAD BE COMPLETION		
	as being audited and Continued Interview medications continuated and the facility of care standards with the facility of care standards with the facility of care standards with the facility of care standards with the facility of care standards with the facility of care standards with the facility of care standards with the facility of the facility	d correct by the DON. confirmed the resident's ed to be incorrect after the had failed to provided quality ith medication administration. children to the facility on July littled to the facility on April coses including Generalized in, Neuropathy, Hypertension. Pulmonary Disease, and w of hospital discharge 2014, revealed an order for cation used to treat pain and Three times daily" realed an order for medication to aid in stomach fwice daily before meals" v of the Physician's Orders through April 30, 2014, Gabapentin. Continued ysician's order for refered on hospital discharge v of the MAR dated April 14, 1, 2014, revealed g 1 po TID" trandwritten on review revealed on the MAR as ordered ge orders, however a line e order and marked as 14, 2014. Further review of ident #29 continued to	{F 30	9}			
		de April 15, 2014, through lough the medication had					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 IXII PROVIDER/SUFFLER/CLIA IDENTIFICATION NUMBER AND PLANCE CORRECTION (X2) MEATIPLE CONSTRUCTION (X3) DATE SURVEY A. BULLING CONFLETEO 445502 B. WAYS NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 (\$4) (0 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLANCE CORRECTION JEACH CORRECTIVE ACYION SHOULD BE PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETEDY YISSRY REGULATORY OR LSC IDENTIFYING INFORMATIONS TALS CROSS-REFERENCED TO THE AFFROPRIATE DATE DEFICENCY (F 309) Continued From page 64 (# 309) been marked as discontinued, but had an orderto be administered. Medical record review of the Telephone order/Clarification order dated April 18, 2014, revealed a clarification order for Gabapentin 600 mg three times daily, related to the medication being on the MAR but not on the Physician's orders. Continued review revealed a clarification order dated April 18, 2014, to discontinue Metoclogramide. Review of facility documentation entitled New Admission/Readmission Audits dated and initiated by the DON on April 15, 2014, revealed the resident's chart was audited for medication reconciliation accuracy and completed. Interview with Nurse Consultant #1/Acting DON on April 22, 2014, at 1:07 p.m., in the Conference Room, confirmed the hospital discharge order for Gabapentin was not included on the Physician's Order sheet when sent to facility from the pharmacy. Continued interview confirmed the medication was handwritten on the MAR for April and the resident was administered the medication without an order from April 15, 2014, through April 22, 2014. Continued interview confirmed the resident's hospital discharge orders and Physician's Orders did contain an order for

Metoclopramide. Further interview revealed the Nurse Consultant #1/Acting DON and was uncertain why a clarification order was written on April 18, 2014, to discontinue the medication, and was uncertain why the medication was marked as discontinued on April 14, 2014. Further interview confirmed the Metoclopramide was marked as discontinued on April 14, 2014, and confirmed the resident continued to be administered the

(F 309) Continued From page 65 (F 309) medication from April 15, 2014, through April 20	27/2014
AND PLAY OF CORRECTION IDENTIFICATION NUMBER 445502 B. WING CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC (X2) MOLT *LE CONSTRUCTION A BUILDING STREET ADDRESS, CRY, STATE, ZIP CORE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SMYRNA, TN 37167 FREFIX FREFIX FRESULATORY OR LSC GENTIFYING INFORMATION: TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) Continued From page 65 (F 309)	ROVED
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC STREET ADDRESS, City, STATE, 2th Code 202 BNON SPRINGS ROAD BAST SMYRNA, TN 37167 (X-1) ID SUMMARY STATEMENT OF DEFICIENCES ID PROVIDERS FLAN OF CORRECTION PREFIX IEACH DEFICIENCY Must be preceded by Full PREFIX (EACH CORRECTION SHOULD BE DOWN CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) Continued From page 65 (F 309) medication from April 15, 2014, Illyough April 20	₹V£Y
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CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 (X-1) 10 SUMMARY STATEMENT OF DEFICIENCES PREFIX TAGS REGULATORY ORLS: CIENTIFYING INFORMATION) (F 309) Continued From page 65 TREST PROVIDERS FLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) TREST PROVIDERS FLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	<u>014</u>
TAG REGULATORY OR LSC DENTIFYING INFORMATION: TAG REGULATORY OR LSC DENTIFYING INFORMATION: TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY: (F 309) Continued From page 65 TREST (F 309)	
medication from April 15, 2014, through April 20	ije) Pletich Date
2014. Continued interview with Nurse Consultant #1/Acting DON confirmed the resident's chart had been fisted as audited and initiated as complete by the DON on April 15, 2014, and confirmed the resident's Physician's Orders and MAR continued to be incorrect after the April 15, 2014 audit by the DON. Resident #13 was admitted to the facility on February 24, 2014, and readmitted to the facility on March 25, 2014, with diagnoses including Aftercare for Joint Replocement, Hypertipidemia, Hypertension, Muscle Weakness, and Lack of Coordination. Medical record review of hospital Medication Discharge Report dated February 24, 2014, revealed an order for Cranberry Liquid Supplement, once every day Medical record review of Physician's Orders dated February 24, 2014, through February 28, 2014, revealed no order for Cranberry Liquid Supplement, Medical record review of Medication Record (MAR) dated February 24, 2014, through February 28, 2014, revealed the resident did not receive Cranberry Liquid Supplement for that time period. Medical record review of the hospital Modication Dischargo Report dated March 25, 2014, revealed an order for "aspirin 325 mg (milligrams), by mouth, bvice deliy" Continued review revealed an order for Cranberry Liquid	

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STATEMENT OF DEFICIENCIES TAX DEPONDERS FOR THE CALL					OMB NO	FORM APPROVED OMB NO. 0938-039		
	AND PLAN	I CADERCIENCIES OF CORRECTION	(XI) PROVIDERSUPPLIER CLIA *DENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING	(X3) 0/	THE SURVEY	
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ł	usaus tile	PROVIDER OR SUPPLIER			STREET ADDRESS CITY, STATE,	710 CC25	5/14/2014	
Ì			F RUTHERFORD COUNTY LLC		202 ENON SPRINGS ROAD EAR SMYRNA, TN 37167			
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		revealed no order for of the Physician Ord "Cranberry liquid Smouth) QD (every dament) QD (every da	aw of the Physician's Orders 14, through March 31, 2014, or aspirin. Continued review ders revealed an order dupplement take PO (by ay)" w of the Medication Record 25, 2014, through March 31, adwritten notation for "ASA O BID (twice daily)" the MAR revealed resident d the aspirin March 26, 31, 2014. Further review of e Cranberry Liquid the MAR, however was not f, through March 31, 2014. Consultant #1 on April 17, the Conference Room, al's Physician Orders and elete, and the resident did terry Supplement as ordered to through February 28, rview confirmed the hospital March 25, 2014, included 25 mg, and confirmed the tes for March 25, 2014, 14, did not contain an order terview confirmed the MAR tod had Aspirin handwritten irmed the resident had the 26, 2014, through March calify physician order. Ith Nurse Consultant #1 thad an order for Cranberry	{F 30	DEFICENC	.YI		
_	5	upplement, and confupplement had not be refered March 26, 201	irmed the cranberry ean administered as 14, through March 31,				ļ	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF BEFICENCIES OMB NO. 8938-8391 (X1) PROVIDER/CUA AND FLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DEMTIFICATION NUMBER A BUILDING COMPLETED 445502 B. WING NAME OF PROVEER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD FAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION) IГ PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (200) EACH CORRECTIVE ACTION SHOULD HE YA/3 CONFLETION TAG CRUSS REFERENCED TO THE APPROPRIATE DEFICENCY (F 309) Continued From page 67 (F 309) 2014. Resident #1 was admitted to the facility on March 11, 2014, with diagnoses including Diabetes Mellitus Type II, Morbid Obesity, Hypertansion, and Peripheral Vascular Disease. Medical record review of a nursing note dated March 25, 2014, revealed the resident was discharged from the facility on March 25, 2014. Medical record review of the hospital Discharge Report dated March 11, 2014, revealed an order for "...Metoproloi (blood pressure medication) 12.5 mg (milligrams) by mouth, twice daily..." Medical record review of the facility March 11, 2014, admission orders and the March 11-25, 2014. Medication Record (MAR documentation of medication administration) revealed Metoproiol was not included. Interview with the Director of Nursing and Nurse Consultant #1, on April 15, 2014, at 2:35 p.m., in the Conference Room, confirmed the facility nursing staff failed to accurately reconcile the hospital discharge orders with the facility admission orders for Metoprotol, per standard of practice, from the Admission on March 11, 2014 through the discharge on March 28, 2014.

Psychoses.

Resident #10 was admitted to the facility on March 28, 2014, and readmitted to the facility on April 9, 2014, with diagnoses including Diabetes Mellitus Type II, Arteriosclerotic Dementia, Major Depressive Disorder, Anxlety, and Affective

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTEO: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MILITARE CONSTRUCTION AND PLAN OF CORRECTION X3) DATE SURVEY A BUILDING COMPLETED 445502 E WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST **SMYRNA, TN 37167** SUMMARY STATEMENT OF DETICIENCES [EACH DEFICIENCY MUST BE PRECEDED BY FLI.] REGULATORY OR USC (DENTIFYING IMPORMATION) (X4) ID PROVIDER'S FLAM OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE Ð PREFIX (XS) Otologyana FREFA TAG TAG CROSS-REFERENCED TO THE ASPROPRIATE CATE DEFICIENCY) (F 309) Continued From page 68 {F 309} medications dated March 27, 2014, revealed an order for "...lubricating top (topical) jelly bacterastatic apply small amount to affected area two times a day as needed..." Medical record review of the March 28, 2014, facility admission orders and the Medication Record (MAR documentation of medication administration) revealed no documentation for the order of jubicating top july bacteriostatic. Interview with Nurse Consultent #1, on April 17, 2014, at 8:45 a.m., in the Conference Room confirmed the facility nursing staff failed to accurately reconcile the hospital discharge order with the facility admission order, per standard of practic, for the March 28, 2014, admission, Interview with Pharmacist #1, on April 22, 2014. beginning at 1:25 p.m., in the Conference Room confirmed the lubricating jelly was "...a blatant omission by pharmacy...* Validation of the Credible Allegation of Compliance was accomplished on site on May 13, 2014, and May 14, 2014, through medical record reviews, review of facility documents, and

April 1, 2014.

interviews with Nursing and Administrative Staff.

Medical record review of the closed chart of resident #3 revealed the resident's Physician Orders and Medication Administration Records were reconciled accurately on March 31, 2014. Resident #3 was discharged from the facility on

Medical record review of resident #33 revealed the resident was readmitted to the facility on May 8, 2014. Continued review of the physician orders

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STATEMENT OF DEFICIENCIES. AND PLAN OF CORRECTION		(X1) PROVIDER: CUA IDENTIFICATION NUMBER:	IX2) MULTIPLE CONSTRUCTION A. BULDING		OMB NO. 0938-039: (X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIES CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37187		05/14/2014
(X4) ID PREFIX TAG	SCANCE DE LE DESERVE	fement of deficiences Must be preceded by full Codentifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF COORES	ID DUE CONTRACTOR
	dated May 8, 2014. I verified with the physicensed nurses. Med Medication Administration 2014, revealed the reas ordered. The facility provided reconciliation of admin-service training for physician notification admission/readmission medication reconcilia blood glucose monito of accu-checks and securification orders, and the pharm medication arders. The facility provided demergency Performan held on April 28, 2014 admission/readmission process, pharmacy pharmacy ph	revealed the orders has been sician and signed by two dical record review of the ration Record from May 8-13, esident received medications evidence of audits of ission/re-admission orders, all nursing staff related to of medication errors, on physician order and from medication orders and from medication orders and from the shift to shift audits liding scale insulin, sliding and physician standing nacy procedure for a commentation of an ince improvement Meeting to discuss the new in medication reconcilation occess, and physician order occess, and physician order the in-serviced on the protocol dmission medication order ov protocol, medication order ov protocol, medication order	{F 304		

The facility will remain out of compliance at a Scope and Severity level "E" a pattern of deficient practice that constitutes no actual harm with potential for more than minimal harm, that is not

acceptable plan of correction and a revisit verifies

Immediate Jeopardy until it provides an

DEPAR	PRINTED: 05/27/2014				
CENT	RS FOR MEDICARI	HAND HUMAN SERVICES E & MEDICAJO SERVICES			- POSMAPPROVED
STATE VENT CA DEFISIENCICS (X1) PROVIDERSLOSI LA		OXI) PROVIDE ROUPELLEWICHA IDENTIFICATION NUMBER:	(82) MULTIPLE CONSTRUCTION A BUILDING		OMBINO, 0936-0391 (K2) DATE SURVEY COMPLETED
NAME OF	AROMOFO CA SUPPLIED	445502	 B. WENC		R. 05/14/2014
CHRISTIAN GARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 702 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) (D) FREEX TAG	UPARCH DEFICIENCE	TEMENT OF REFICIENCIES Y MUST BE PRECEPED BY FULL SCIEDNIFYING INFORMATION)	ID PASFIX TAU	PROVIDERS PLANOF CORRECT FACH CORRECTIVE ACTION SHOLL CROSS REFERENCED TO THE APPRO DEFICIENCY;	DPS "HOS STONE
{F 309}	9) Continued From page 70 corrective actions onsite.			· ·	
(F 333) SS⊹F	C/O #33583 483.25(m)(2) RESI SIGNIFICANT MED	DENTS FREE OF ERRORS	{F 333	F 333	
	The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of Timeline of Events, and interview, the facility farled to reconcile hospital discharge orders with facility admission orders for one resident (#3), and falled to monitor the accuchecks and provide insulin for clavated blood sugars for one resident (#14) of thirty-one sampled residents reviewed, resulting in significant medication errors. The failure of the facility to reconcile the medication orders placed resident #3 in Immediate Jeopardy, and the facility's fallure to monitor and administer insulin as ordered, placed resident #14 in Immediate Jeopardy (a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident). The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurse			Christian Care Center of Rutherford C believes its current practices were in compliance with the applicable stand care, but in order to respond to this of from the surveyors, the facility is taking following additional actions: Corrective Actions for Targeted Resident #3 was transferred to acute to 3/29/14. Resident #3 returned to the on 3/31/14. Resident #3's medication reconciled from the previous provider accurately on 3/31/14 by the Director Nursing. Resident #3 was discharged if facility on 4/1/14. Resident #14's accu-check time was chefrom 6 am to 7 am on 4/21/14 to be climealtime. Facility protocol of sliding sinsulin administration was removed frostanding Orders by the Medical Directed 4/28/14. Resident #14's family was not medication errors by the Director of Nursing 1/21/14.	ard of itation ng the ents care on facility s were of rom the canged oser to cale om the or on diffed of
۲] <u>ا</u>	Director #1 were info	Consultant #3, ant Operations, and Medical med of the immediate 2014, at 10:55 a.m., in the			

DEPARTMENT OF HEALTH AND HUMAN SERVICES P独NTED: 05/97/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 2538 238</u> STATEMENT OF DEFICIENCES (XI) PECVOER/SUPPREDICTION (XX) MALTIFLE CONSTRUCTION AND FLAM OF CORRECTION DEMT FIGAT DAIN DEIBER (XX) OME SURVEY A BURETING COMPLETED 445502 D. WING. NAME OF PROMOTE OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 Enon Springs Road East SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFINENCIES (X4) (D IÇ PREFIX PROVOCES PLANOF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE: JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REQUILATORY OR USC IDENTIFYING INFORMATIONS TAG TAG CERIC ENCY) (F 333) Continued From page 71 (F 333) Identification of Other Residents with Potential to be Affected The Immediate Jeopardy was effective March 14. 2014, and was ongoing. Residents receiving medications from the facility have the potential to be affected by An extended survey was conducted on April 24. this practice; to include newly-admitted and 2014 re-admitted residents receiving accu-checks and sliding scale insulin. A 100% audit of Substancerd Quality of Care was cited at F333-L. active residents' admission/re-admission orders from the facility-pharmacy matching The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revist on May the discharge orders from the previous provider, ensuring all pages were faxed to the 13, 2014, and May 14, 2014, revealed the pharmacy and reconciled correctly onto the corrective actions implemented on May 2, 2014. removed the Immediacy of the Jeopardy. MARs, was conducted by the DON and Nurse Consultant beginning on 4/18/14 and Noncompliance for F-333 continues at a "F" level completed on 4/22/14. The results of these citation for the facility's monitoring the admission/re-admission order audits and the affectiveness of corrective actions in order to action taken by the DON and Nurse ensure sustained compliance and evaluation of Consultant are as follows: orders not the processes by the Quality Assurance transcribed correctly onto the MAR affected Committee. nine residents. These residents' medications were reconciled correctly onto the MAR by The findings included; the Nurse Consultant on 4/22/14. Omission of medication administration doses affected Resident #3 was admitted to the facility on two residents. MD and family were notified of December 26, 2012, and readmitted to the facility errors on 4/22/14 by the Nurse Consultant. on March 14, 2014, with diagnoses including Nursing education of licensed staff by the Respiratory Failure, Chronic Atriul Fibrillation. DON occurred regarding these errors on Sistonal Node Dysfunction, Pheumonia, Chronic Obstructive Pulmonary Disease, Hypertension, 4/22/14. Also, on 4/25/14, the DON re-wrote and Cerebral Vascular Accident, clarification orders for all resident-charts cited for this issue by matching current orders to Medical record review of the hospital Discharge current MARs to ensure physician's orders are Med (Medication) Rec (Reconciliation) form dated followed for accu-checks and sliding scale

March 14, 2014, revealed the hospital Discharge

Med Rec form contained a total of 6 pages of

discharge from the hospital and readmission to

medications ordered for the resident upon

the facility. Continued review revealed the

insulin and that medication reconciliation is

were reconciled by the Nursing Staff on

correct. The remaining residents' medications

4/30/14 during MAR change-over procedure.

DEPARTMENT OF REALTHAND HUMAN SERVICES. PRINTED: 03/27/2014 CENTERS FOR MEDICARE & MEDICARD SERVICES FORMAPPROVED STATEMENT OF BENCIEWORDS OME NO. 0938-0291 IXI; FROVIDERISEHPLIFRICUA (X2) MULTIFLE DOMETRUCTION WE FLAN OF COMPETITION (XX) DATE SURVEY RESISTANCE VOLLARD STATE OF А випреже COMPLETED 445502 B WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREST ACORESS, CITY, STATE, Zincong Christian care center of rutherford county llc 202 ENON SPRINGS ROAD EAST **SMYRNA, IN 37467** (24)(0) SUMMARY STATEMENT OF DEFICIENCIES ĺ PROVIDERS PLAN OF CORRECTION PREFOR (EACH DEFICIENCY MUST BE PROCEDED BY FULL PRÉFIX HACH ODRRECTIVE ACTION STIDULD HE CROSS-REFERENCED TO THE APPROPRIATE CDATE TROS TAG REGULATORY OR LSC IDENT: YING INFORMATION! **DEFIDIENCY**) (F 333) Continued From page 72 This MAR change-over was double-checked by (F 333) the Nurse Consultant on 4/29/14 and 4/30/14 Discharge Med Roc form for pages 1 and 2 included physician's orders for the resident to to ensure accurate medication reconciliation onto new MAR. Beginning 4/22/14, the new continue the following medications on readmission to the facility: Coumadin (blood , procedure was initiated of two nurses reconciling discharge orders from the thinner) 2.5 mg (milligrams) and 1 mg daily for a hospital/previous provider with the total of 3.5 mgs at 4:00 p.m., Lipitor (statin drug physician's orders/MARs sent by the facility for cholesiero! management) 10 mg al beillime Coreg (neart modication to regulate heart rate) 25 pharmacy with both nurses' signatures on mg twice per day, Digoxin (heart medication to both the hospital discharge orders and the slow heart rate and control rhythm) 0.125 mg MARs sent by the facility-pharmacy. The once per day, Cardizom (heart medication to Admitting Nurse will call the newly-admitted control heart rate and blood pressure) 120 mg resident's attending physician to review. once per day, and Lisinopril (medication to control adjust, and accept admission orders. Any high blood pressure) 10 mg once per day. clarification orders given by the admitting physician will be taken by the Admitting Nurse Medical record review of Physician's Orders as a telephone order and faxed to the (recapitulation orders) for March 14, 2014, pharmacy with the admission/re-admission through March 31, 2014, revealed no orders for orders brought by EMS/accompanied by the the following medications: Coumadin, Lipitor, resident. Upon investigation, it was Corea, Digoxin, Cardizem, or Lisinopril. discovered the root cause of this issue was that more than one set of admission/re-Medical record review of the Medication Record form used to document medication admission orders from the previous provider administration: MAR) dated March 14, 2014. were being faxed to the pharmacy, and that not all pages of admission orders were being through March 31, 2014, revealed two pages of faxed to the pharmacy. Beginning 4/18/14.

medications, neither of which included the Coumadin, Lipitor, Coreg, Digoxin, Cardizem, and Lisinaerii.

Medical record review of nurse's rate dated March 30, 2014, (documented incorrectly, the actual date of event is March 29, 2014, as documented in a late entry note by the DON on April 8, 2014), revealed the resident was transferred to the hospital to be evaluated and treated in the emergency room.

Medical record review of ememency room notes. and physician's progress notes dated March 29.

Systematic Changes

confusion.

Standing Orders were revised and signed by the Medical Director on 4/28/14. Facility protocol for sliding scale insulin administration was discontinued by the Medical Director on 4/28/14. Per the Medical

only one set of admission/re-admission orders

brought by EMS/accompanied by the resident will be faxed to the pharmacy to avoid this

DEPARTMENT OF PEALTH AND HUMAN SERVICES PRINTED 05@W2nda CENTERS FOR MEDICARE A MEDICARD SERVICES FORM APPROVED STAISMENT OF DESIGNEROUS AND PLAN OF CORRECTION 0MB NO. 0938-0391 (X1) PROVIDENSOPPLIERED A COSMULT AND CONSTRUCTION IXIVIATE SURVEY IDENT FICATION NEDWICH A COLLING_ CUMPLETED 445502 NAME OF PROMPER OR SUPPLER 05/14/2016 STREET ADDRESS, UITY, STATE, ZIP OFFIE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SFRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCES (X4) ID PREFIX ID EACH BEFICIENCY MUST BE PRECEDED BY FULL PROVIDENTS FLAN OF CONSECTION JASI CCMPLETION PREFIX REGULATORY OR USE (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAL CRCSS-REFERENCED TO THE APPROPRIATE DEFICIENCYS (F 333) Continued From page 73 Director's approval, sliding scale insulin IF 333} administration will follow the physician's 2014, revealed resident #3 was freated in the discharge orders from the hospital/previous emergency department for Atrial Fibrillation. provider. Pharmacy was notified of this Continued review revealed emergency room lab revision for Standing Orders on 4/29/14 by reports which documented the resident's digoxin the DON. Pharmacy staff was in-serviced level was "< 0.2 L", subtherapeutic. Further regarding standing orders by the Regional review revealed the resident was documented as Director of Pharmacy on 4/28/14 and "critically lif" and was admitted to the intensive 4/29/14. These Standing Orders were placed Care Unit (ICU) of the hospital. In the residents' charts and in the front of the MARs by the DON on 4/29/14, who instructed Medical record review of a physician's discharge each nurse when and how to use these orders summary dated March 31, 2014, revealed the and where they could be located; completed resident was stabilized in the ICU after the 5/1/14. On 4/24/14, the ADON immediately resident received Cardizem and Digoxin (two of educated all nurses working both shifts that the medications which had been omitted from the day regarding the necessity of performing (acility's physician's orders). accu-checks and administering sliding scale Interview with Hospitalist Physician #1 on April 21. insulin as ordered by the physician. Beginning 2014, at 10:26 a.m., by phone, confirmed the 4/24/14, these accu-check performance and Physician was the resident's treating physician in sliding scale insulin administration in-services the hospital. Continued interview confirmed the are ongoing by the ADON until all licensed resident's digoxin "was very low" and the resident staff is educated regarding following was "critically it" when admitted to the ICU. physician's orders for accu-checks and sliding Further intorview confirmed when the resident scale insulin administration, with a completion was administered Digoxin and Cardizem the date of 4/29/14. Beginning 4/22/14, the new resident was stabilized and able to be discharged procedure was initiated of each licensed nurse back to the facility. Further interview revealed. performing an accu-check performance/ ...I would say the fact that (resident) did not sliding scale insulin administration audit every receive medications (Digoxin, Cardizem) led to shift with oncoming nurse for accuracy and the resident's hospitalization...! completion of documentation onto the

and signed by the DON, revealed, "... Timeline of Events... During MAR change-over for month ending March 2014 and beginning month April

Reviow of Timelino of Events dated April 1, 2014.

2014, a medication error was observed. Upon investigation, it appears that resident (#3)_did not receive (resident's) scheduled Coumadin. Coreg. Digoxin, Cardizem, Lisinopril or Lipitor

since (resident) was re-admitted to (facility) on

Fac Riy (D: TN7509

Diabetic Flow Record. The DON/ADON will

check/sliding scale insulin audits on a daily

results of these accu-check/sliding scale insulin audits on the weekends. Noncompliant

by the DON with nursing education and

basis. Nursing Supervisor will follow up on the

issues found as a result of these audits will be

reported to the Administrator and addressed

follow up on the results of these accu-

If continuation street Page 74 of 113

DEPARTMENT OF HEALTH AND NUMAN SERVICES PRINTLD: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES CORMAPPROVED STATEMENT OF DETICIENCIES AND PLAN OF CORRECTION (MS) MULTIPLE CONSTRUCTION Y392 JC BTAG (CX) A BUILDING_ 445502 B WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZP COUR CHRISTIAN GARE CENTER OF RUTHERFORD COUNTY LLC 202 ENDN SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEPOSENCIES ÇX4JID PRESIX (O PRÉFIX PROVIDER'S FLAN OF CORRECTION LEACH DESIGNENCY MUST HE PRECEDED HY FI. (XII) Gompletisk (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE MG DATE DECICIONS disciplinary action as appropriate. On (F 333) Continued From page 74 (F 333): 4/18/14, the DON initiated in-services for

3/14/14...* Continued review of Timeline of Events revealed when the resident was readmitted to the facility on March 14, 2014, the resident's hospital discharge orders were faxed to the pharmacy. Further review of Timeline of Events revealed the facility's investigation determined the pharmacy received only pages 3, 4, 5, and 6 of a total of six pages. Continued review revealed the pharmacy did not receive pages 1 and 2 which consisted of the orders for the resident's Coumadin, Coreg. Digoxin, Cordizem, Lisinophil, and Lipitor.

Interview with the DON and Nurse Consultant #1 on April 15, 2014, at 2:45 p.m., in the Conference Room, revealed the DON's investigation of the medication errors revealed the nurse who faxed the resident's discharge orders from the hospital to the pharmacy did not verify with the pharmacy how many pages the pharmacy had received. Continued interview revealed when the resident's medications arrived from the pharmacy, the nurse matched the medications with the Physician Order sheets and MARS which were generated from the pharmacy, and did not reconcile the medications, or the physician orders with the hospital discharge orders. Further interview with the DON and Nurse Consultant #1 confirmed resident #3 did not receive slx ordered medications (Coumadin, Coreg. Digexin, Cardizern, Lisinopril, Lipitor) from the time of the resident's admission to the facility on March 14. 2014, until the resident's discharge to the hospital on March 29, 2014 (a total of 15 days). Further interview with the DON and Nurse Consultant #1 confirmed the facility's failure to reconcile the resident's hospital discharge orders with the facility's admission orders placed the resident at risk for scrious harm, and confirmed the facility's

licensed staff regarding the new Medication Reconciliation Procedure of two nurses reconciling discharge orders from the hospital/previous provider with the physician's orders/MARs sent by the facility pharmacy with both nurses' signatures on the hospital discharge orders and the facility pharmacy MARs. In-service also included verifying admission orders with the newlyadmitted resident's attending physician and faxing orders brought by EMS/accompanied by the resident to the pharmacy. This education was ongoing by the DON until all nurses were educated, with completion by 4/29/14. Beginning 4/18/14, the new procedure of the DON reconciling the admission/re-admission orders daily was initiated. Newly-hired nurses and agency nurses will be educated by the DON, prior to reporting to the floor for the first time, of the new Medication Reconciliation Procedure of two nurses verifying hospital/previous provider discharge orders with orders sent by facility-pharmacy, verifying admission orders with the resident's attending physician, and faxing only the EMS set of orders to the pharmacy. Beginning 4/22/14, the new procedure was initiated of the Consultant Pharmacist conducting a daily audit, on-site at i the facility, of hospital/previous provider discharge orders to ensure accurate medication reconciliation from the previous provider was received by the pharmacy, and that all pages of admission/re-admission orders were received by the pharmacy. Oncall pharmacist will conduct this audit, on-site at the facility, on medication reconciliation of

DEPARTMENT OF PERITH AND PUMAN EDUCATION

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CENTER	<u>RS FOR MEDICAR</u>	E A MEDIUAID SERVICES		PRIMTED: 05/27/2014 FORM APPROVED
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X4\10 P62#7X Tags	(ENTY-LITTELICIEM)	ATEMENT OF DEFICIENCIES YEART BE PRECEDED BY FULL	PROVIDENS CANOF CORRECTED PROFIX PREFIX SACH CORRECTED ACTION SUBMIT	ON (XX)

RESULATORY OR USC IDENT, SYING INFORMATION

(F 333) Continued From page 75 fallure to reconcile the modications resulted in significant medication errors.

> The facility's failure to reconcile hospital discharge orders with facility admission orders resulted in significant medication errors of omission of 6 medications (Coumadio, Lindor, Coreg, Digoxin, Cardizom, Lisinopril) prescribed for heart arrhythmia and blood prossure from March 14, 2014, through March 29, 2014 (a total of 15 days). The facility's failure to ensure the resident was free from significant medication errors resulted in Immediate Jeopardy for resident #3.

> Resident #14 was admitted to the facility on March 31, 2014, discharged to the hospital on April 1, 2014, related to core for a cyst, and readmitted to the facility on April 11, 2014, with diagnoses including Diabetes Mellitus. Hypertension, Peripheral Neuropallry, Congestive Heart Fallure, and Acute Renal Fallure.

Medidal record review of the physician order dated March 31, 2014, revealed "... Accucheck (monitoring of blood sugar) AC + HS (before ... meals and bodtime)..."

Medical record review revealed no documentation of the monitoring of the blood sugar level before supper for March 31, 2014.

Medical record review of the hospital Discharge Med Rec dated April 10, 2014, for the facility readmission on April 11, 2014, revoaled an order for sliding scale insulin (SSI). The facility readmission orders dated April 11, 2014, revealed the hospital SSI order reverted to the facility SSI

new admissions/re-admissions on the weekends. This daily audit of admission/ readmission orders by the pharmacist will be on-going until desired threshold of 100% is met for three consecutive months; then quarterly. Newly-hired nurses and agency nurses will be educated by the DON, prior to reporting to the floor for the first time, of the new Medication Reconciliation Procedure of two nurses verifying new admission/readmission orders and faxing orders brought by EMS/ accompanied by the resident to the pharmacy. Newly-hired and agency nurses will also be educated during their orientation period by the DON regarding the need to perform accu-checks and administer sliding scale insulin as ordered by the physician. On 4/1/14, Pharmacy Personnel were inserviced by the Regional Director regarding verifying all numbered pages of admission/readmission orders and calling the facility to verify number of pages faxed. Beginning 4/25/14, the new procedure was initiated of the pharmacy staff at Pharmacy Office #1, home office, assuming the function of order entry to ensure initial medication reconciliation accuracy. The pharmacist at Pharmacy Office #2 will be the second check once the order is filled. Beginning 4/25/14, all new orders, including admission/re-admission orders, will be reviewed by four pharmacy staff by the following procedure:

EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY

- · Order entry will be performed by pharmacy technician at Pharmacy Office ...
- Order entry/clinical review for accuracy

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	control blood sugary the skin) as directed insulin): If glucose (insulin): 400 = 4 units (glucose) = 4 units; 40 1HR (hour) using ab Glucose) = (greater incali MD (physician): If per MD" Further reorders revealed "A Medical record review Administration Recording the accurbacks work a.ch. (morning): 11:00 9 p.m. Further review following: 1. April 18, 2014, at was 253 and no insulhave administered 4.	in September 2012) as follows ing insulin, medication to a inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject subcutaneously (under inject injec	(F 93:	will be conducted by the particle (197) will be conducted by the particle (197) Packaging of product will I by the pharmacy technicial Office #2. Final review of product an orders will be performed to pharmacist at Pharmacy Offices #1 and the same computer system, this pharmacy procedure will not in down medication and MAR delifacility. Pharmacy Office #2's particle technicians and pharmacists were on 4/29/14 by the Vice Presider Director of Pharmacy Services in regarding the new procedure of Office #1 assuming the function and the procedure of orders be by four pharmacy staff, from both ensure accurate medication recompressions and pharmacists were this in-service. No agency staff Pharmacy #2. Pharmacy #1's pi	charmacist at the performed on at Pharmacy d medication by the ffice #2. d #2 being on s new opede nor slow overy to the harmacy ere educated ont/Clinical on person f Pharmacy of order entry ing reviewed th offices, to onciliation of pharmacy re present for is used by tharmacy of order entry ingreviewed the offices, to onciliation of pharmacy re present for is used by tharmacy	CHIL
; ; ;	was 301 and no insulhave administered 6 i 3. April 19, 2014, at was oldained; 4. April 20, 2014, at was 305 and no insuli	in administration (shoutd units); 9:00 p.m. no accucheck 11:00 a.m. the accucheck in administration (should		technicians and pharmacists we on 4/25/14 by the Vice Presiden Director of Pharmacy Services ronew procedure of Office #1 assuentries and the procedure of orcreviewed by four pharmacy staff	re educated t/Clinical garding the ming all order lers being from both	İ
i ;	iave administered 6 r	ınlis); ifore iko breakfast meal, no ied: and on		offices. This in-service was reper Pharmacy Operations Manager of this ensured 100% pharmacy tec pharmacists were educated. New	ated by the on 4/29/14; hnicians and	

accucheck was obtained.

Interview with Licensed Practical Nurse (LPN) #1

pharmacy technicians and pharmacists will be educated during their orientation period by

the Pharmacy Operations Manager regarding

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAND SERVICES

PRINTED: 05/27/2014 FURMAPPROVED 91

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SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST DE PRECEDED DY FIG (REGULATORY OR LEGIDENTIFYING INFORMATION

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PHOVICER'S FLAN OF CORRECTION (BACYLCORRECTIVE ACTION SHOULD BE CROSS-FIFERENCED TO THE APPROPRIATE DEFICIENCY)

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(F 333) Continued From page 77

11:15 a.m., on the 100 hall revealed "...the night nurse (7:00 p.m. to 7:00 a.m. shift) obtains the blood sugar..." Further interview confirmed LPN #1 was not aware of the blood sugar result for 6:00 a.m. on April 21, 2014. Further interview confirmed the blood sugar level for April 21, 2014, at 5:00 a.m. was not documented on the Diabetic Medication Administration Record.

Interview with Nurse Consultant #1/Acting Director of Nursing, on April 21, 2014, at 11:38 a.m., in the Conference Room confirmed the blood sugar level and the insulin administration when the blood sugar was clovated was to be documented on the Diabetic Medication Administration Record. Further interview confirmed the April 2014, Diabetic Medication Administration Record tacked documentation of blood sugar levels on April 19, 2014, at 9:00 p.m. and on April 21, 2014, before the breakfast meal. Further interview confirmed the insulin should have been administered and the number of units administered was to be documented on April 18 and 19, 2014, at 5:00 p.m. and on April 20, 2014, et 11:00 a.m. due to the elevated acqueheck results.

Interview with Medical Director #2, on April 21, 2014, at 11:62 a.m., in the Conference Room confirmed "...oxpect (resident #14) should have gotten stiding scale (insulin) per order (when blood sugar elevated)..."

Interview with LPN #5, on April 23, 2014, at 7:45 e.m., at the 200/300 nursing station, and Nurse Consultant #1/Acting Director of Nursing present, confirmed LPN #5 had been responsible for resident #14 during the 7:00 p.m.-7:00 a.m. shift and had not obtained the blood sugar level for the (F 333)

new order entry system, new facility-cover sheets for faxing admission/re-admission orders to the pharmacy, and on-site daily audits of admission/re-admission orders for medication reconciliation accuracy. No agency staff is used by pharmacy #1. Beginning 4/28/14, the pharmacy will provide the facility with a cover sheet for admission/ re-admission orders that will consist of a bar code that will move these orders to an "as soon as possible" status for the pharmacy. This cover sheet will also consist of nurse contact number for any clarification Issues, and number of pages faxed to the pharmacy. Vice President/Clinical Director of Pharmacy Services conducted mandatory in-services for facility licensed staff on 4/28/14 and 4/29/14 regarding utilization of the new Fax Cover Sheets for Admissions Office, new Fax Cover Sheets for nurses to utilize for admissions/ re-admissions, and tips for writing and sending medication orders. The Nursing Supervisor receives the carbon copies of all orders written in the facility. Transcription of medication orders onto the MARs will be checked by Nursing Supervisor daily to ensure accurate medication reconciliation occurred. Charge Nurse will reconcile all orders written on the weekend.

Monitoring

The results of the daily accu-check/sliding scale insulin audits will be presented by the ADON to the monthly Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for three consecutive months; then quarterly. The results of the daily audits of the new

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{F 333}	Continued From participating of April 23,	. 2014.	{F 33:	Medication Reconciliation Procedure verifying all admission/re-admission of two nurses and faxing only the orders by EMS/accompanied by the resident	orders by	<u></u>
	49, 2014, at 7:50 au #1/Acting Director or room of resident #1/ responsible for resident	and had not obtained the the morning of April 23.		pharmacy, results of the daily on site pharmacy, results of the daily on site pharmacist review of admission/re-accorders will be presented by the DON monthly Performance Improvement Committee for review and recommen until desired threshold of 100% has be for three consecutive months; then que A Performance Improvement Commits	dmission to the dations een met uarterly.	
	Interview with LPN # on April 24, 2014, at nursing station, confined in March 3 had been discharged 2014. Further intervation March 31, 2014, a obtained.	18 and Norse Consultant #2, 10:15 a.m., at the 100/200 irmed the resident had been 11, 2014, at 2:50 p.m. and 2 before breakfast on April 1, aw confirmed the accucheck at 5:00 p.m. was not		meeting consisting of the Administrate Medical Director, Director of Nursing, Director of Nursing, Pharmacy Consult Quality Assurance Nurse, and MDS Nu conducted on 5/22/14 and results of the audits were found to be in continued compliance. The daily accu-checks/slicinsulin administration audits and the dimedication reconciliation audits will coto be completed daily for three month recommendation from this Performance.	or, Assistant tant, Irses was he above ding scale fally ontinue S as a	
; ;	level and the failure to insulin when the bloo resulted in significant	o monitor the blood sugar o administer the prescribed of sugar was elevated it medication orrors and n immediate Jeppandy,		Improvement Committee and will cont be reviewed monthly by the Performar Improvement Committee for recomme regarding monitoring frequency, adjust to monitoring, and/or system changes.	cinue to nce endations tments . The	
)	13, 2014, end May 14 record reviews, review	lible Allogation of proplished on-site on May 4, 2014, through medical w of facility documents, and by and Administrative Staff.		Administrator and DON will follow-up of recommendations from the Performan Improvement Committee to assure corcompliance. The Performance Improvement Committee consists of the Administrate Medical Director, Business Office Management	ice ntinued ement or,	
r	resident #3 revealed t	v of the closed chart of the resident's Physician in Administration Records		Director of Nursing, Assistant Director of Nursing, Human Resources Clerk, Clinic Records Clerk, Marketing/Admissions D	of :al	:

Director of Housekeeping/Laundry, Maintenance Director, Director of Social

in Faltal.	ALCERS FOR MEDICAR	FAND HUMAN SERVICES FAMEDICAID SERVICES			PRINTED: 05/27/2013 FORMAPPROVED
1 STATE	MENT OF DEFICIENCIES LAN DE CORPECTION	(KI) PROMOSTAL PROSPROJE IDENTIFICATION NUMBER:	182) 810. 119 A. Buatango	LE CONSTRUCTION	OMB NO. 0938-0391 (XX) DATE SURVEY CONTELETED
Nasir	OF PROVIDER OR SUPPLIER	445502	e. wins		R Restations a
CHR	ISTIAN CARE GENTER O	F RUTHERFORD COUNTY LLC	} ;	Greet Address, CTY, State, Zip Code 202 Eron Springs Road East SMYRNA, TN 37167	05/14/2014
(X4) PAER TAC	TAN SEPTIMENT LICENSE NO.	Nement of Dificiencies / Must be preceded by full so identifying insormation)	ID PRSFIX TAG	PROVIDER'S PLANOF CORRECTI (EACH CORRECTIVE ACTION SHOUR GROSS-REFERENCED TO THE APPRO DEFICIENCY)	IDSS PROBERTION
(F 3:	33) Continued From pa April 1, 2014.	ge 79	(F 333)	Services, Therapy Manager, Consulta Pharmacist, and Line-Staff Nurse.	nt 5/22/14
	and resident was really a continued: 8, 2014. Continued: dated May 8, 2014, verified with the phy licensed hurses. Me Medication Administ 2014, revealed the r as ordered. The facility provided reconciliation of administration of administration physician notification admission/readmissi medication reconcilia blood glucose monitor of accurchecks and s	ission/ro-admission orders, all nursing staff rolated to of medication errors, on physician order and dion, medication order and dion, medication order addits audits aliding scale insulin, sliding and physician standard			
	The facility provided on emergency Performa held on April 28, 2014 admission/readmission process, pharmacy process, pharmacy process, pharmacy process.	nce Improvement Meeting I, to discuss the new In medication reconsitation rocoss, and physician nd provided evidence of			
	13-14, 2014, through husing staff had been for new admission/rea	ig Staff on all shifts May but the facility, revealed the i in-serviced on the protocol admission medication order by protocol, medication standing orders.			

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES			RANTED: 05/27/201 FORM APPROVE
AMPERENT OF CREICENCIES AND PLAN OF GOVERNORM	MALERICATION NUMBER	(XX) YUL A BUILD	TPLS UDRATEUSTION	MB NO. 0988-039 DOYDATE PURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIED CHRISTIAN CORE DENTED O	445502	8. Wilsta	STREET ADDRESS, CITY, STATE, ZIP CODE	05/14/2014
CHRISTIAN CARE CENTER O			202 Ekon springe road east Smyrna, TN 37167	
I CONTRACT VERY AND INTERPRETARIES.	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CODENTIFYING INFORMATION)	ID Prefix Tag	PROVIDERS PLAN OF CHERECTIC	1007 emilion and a second
(F 333) Continued From pag	ge 80	(F 33:	3)	
scope and Severily that constitutes no a more than minimal h Jeopardy until it prov	in out of compliance at a level "F" a deficient practice ctual harm with potential for amount that is not immediate tides an acceptable plan of citye actions are verified			:
C/O #33583 {F 425} 483.60(a) (b) PHARM SS=F ACCURATE PROCE	MACEUTICAL SVC - DURES, RPH	(F 425	<u>F 425</u>	
them under an agree \$483.75(h) of this per	t. The facility may permit to administer drugs if State under the goneral		Christian Care Center of Rutherford Courbelieves its current practices were in compliance with the applicable standard care, but in order to respond to this citat from the surveyors, the facility is taking to following additional actions:	of ion
A facility must provide (including procedures acquiring, receiving, diadministering of all do the needs of each resisted facility must employed.	pharmacoulical services that assure the accurate ispensing, and ugs and biologicals) to meet ident. oy or obtain the services of who provides consultation		Corrective Actions for Targeted Resident Resident #1 was a closed chart. Resident was transferred to acute care on 3/29/14 Resident #3 returned to the facility on 3/31/14. Resident #3's medications wen reconciled from the previous provider accurately on 3/31/14 by the DON. Resid #3 was discharged from the facility on 4/ Resident #24 was discharged on 4/23/14 Medications for Residents #19, #10, #14, #13, and #29 were reconciled by the DON 4/25/14.	#3 1. e dent 1/14.
This REQUIREMENT by: Based on interview, n	is not met as avidenced eview of the pharmacy			

DEPARTMENT OF MEALTH AND HUMAN SERVICES PRINTED: 05/27/2004 CENTERS FOR MEDICARE A MEDICAID SERVICES FORMAPPACYED STATEMENT OF DEPOSITIONS AND FLAMOF CONSECT OF <u>OYB</u>,NO, 0938-0394 (X1) PROVIDER(SUARLISED, IN IDENTIFICATION NUMBER: (X2) MELTIPLE CONSTRUCT ON KNS) DATE SURVEY $\mathbf{a},\mathbf{b}\mathbf{u}\mathbf{u}\mathbf{o}\mathbf{n}\mathbf{c}_{\perp}$ COMPLETER 449502 NAME OF FROMITER OR SUFFLICE 05/14/2014 STREET ADDRESS, CITY, STATE, 2,2 CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENGN SPRINGS ROAD EAST SMYRNA, TN 37467 SUMMARY STAYEDENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY \$1.1.) (X4) ID **(2)** PROVIDERS FLAH OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REVERFUCED TO THE APPROPRIATE IND COMPLETION REGULATORY OR LSC (DENTIFYING (NECEMATION) TAB DEFICIENCY) Identification of Other Residents with (F 425) Continued From page 81 (F 425) Potential to be Affected agreement with the facility, review of the agreement with the pharmacy consultant and the Current residents have the potential to be facility, and modical record review, the facility's affected by this practice. A 100% audit of contracted pharmacy falled to provide prescribed active resident's admission/re-admission medication for five residents (#3, #19, #14, #1, orders from the facility-pharmacy matching #10); and failed to accurately transcribe the discharge orders from the previous medications on the admission/monthly provider, ensuring all pages were faxed to the Physician's Order (recapitulation) and/or the pharmacy and reconciled correctly onto the Medication Record (MAR) for six residents (#19. MARs, was conducted by the DON and Nurse #14, #26 #13, #24, #29) of thirty-one residents Consultant beginning on 4/18/14; completed reviewed. on 4/22/14. The results of these admission/readmission order audits and the action taken The facility's contracted pharmacy and the by the DON and Nurse Consultant are as facility's systemic failure to compare/reconcife follows: Orders not transcribed correctly onto medications with physician orders and provide the MAR affected nine residents. These medications as ordered by the physician, and the residents' medications were reconciled failure to accurately transcribe medications on the correctly onto the MAR by the Nurse Consultadmission/monthly Physician Orders and/or MAR ant on 4/22/14. Omission of medication placed residents all residents in the potential for Immediate Jeopardy (a situation in which the administration doses affected two residents. facility's noncompliance with one or more MD and family were notified of errors on requirements of participation has caused, or is 4/22/14 by the Nurse Consultant. Nursing likely to cause, serious injury, harm, impairment education for licensed staff by DON occurred or death to a resident). regarding these errors on 4/22/14. On 4/25/14, the DON re-wrote clarification orders

The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurse Consultant #2, Nurse Consultant #3, Vice-President of Client Operations, and Medical Director #1 were informed of the Immediate Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

The Immediate Joopardy was offective March 14, 2014, and was ongoing.

An extended survey was conducted on April 24, 2014.

Pacity ID: TN7509

by matching current medication orders with

were followed and medication reconciliation :

was correct for all resident-charts cited during

this survey. Remaining residents' medications

will be reconciled by Nursing Staff during the

5/1/14. This MAR change-over was doublechecked by the Nurse Consultant on 4/29 and

Monthly MAR change-over procedure for

4/30/14 to ensure accurate medication

reconciliation onto the new MAR.

current MARs to ensure physician's orders

DEPARTMENT OF REALTH AND PUMAN SERVICES PRINTED: 03/27/2014 CENTERS FOR MEDICARD & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (NO) PROVIDER/SUPPLIER/SUA MEDIPLAN OF CORRECTION (XZ) MULT RES CONSTRUCTION IDENT ROATION NUMBER (XX) DAI'S SURVEY A ಕೆಟುಗುಳಿಡ್ಡ__ COMPLETED 445502 B. WING MANE OF PROVIDER OR SUPPLIED 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENDN SPRINGS ROAD SAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICENCY MUST BE PRICEDED BY FUIL) (X4) ID PREFIX ΙĐ FROVIDERS FLAN OF CORRECTION (EXCHIGORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE (ETRETED N REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX TAK DATE DEFICIENCY! Systematic Changes (F 425) Continued From page 82 (F 425) Standing Orders were revised and signed by the Medical Director on 4/28/14. Facility Substandard Quality of Care was cited at F224-K, protocol for sliding scale insulin admin-F309 K, and F333-I istration was discontinued by the Medical Director on 4/28/14. Per the Medical The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revist on May Director's approval, sliding scale insulin administration will follow the physician's 13, 2014, and May 14, 2014, revealed the corrective actions implemented on May 2, 2014, discharge orders from the hospital/previous removed the immediacy of the jeopardy. provider. Pharmacy was notified of this revision for Standing Orders on 4/29/14 by Noncompliance for F-425 continues at a *F* level the DON. Pharmacy staff was in-serviced citation for the facility's monitoring the regarding standing orders by the Regional effectiveness of corrective actions in order to Director of Pharmacy on 4/28/14 and ensure sustained compliance and evaluation of 4/29/14. These Standing Orders were placed the processes by the Quality Assurance in the residents' charts and in the front of the Committee. MARs by the DON on 4/29/14, who instructed each nurse when and how to use these orders The findings included: and where they could be located; completed 5/1/14. Beginning 4/22/14, the new Interview with the Director of Nursing and Nurse procedure was initiated of the Consultant Consultant #1, on April 18, 2014, at 2:45 p.m., in Pharmacist conducting a daily audit, on-site at the conference room, revealed the the hospital the facility, of hospital/previous provider discharge medication reports were delivered to discharge orders to ensure accurate the facility. Further interview revealed the facility medication reconciliation from the previous faxed the hospital discharge medication report to provider was received by the pharmacy, and the pharmacy. Further interview revealed the that all pages of admission/re-admission pharmacy generated the facility physician medication orders and the MAR. Further interview orders were received by the pharmacy. Onrevealed the pharmacy delivered the facility call pharmacist will conduct this audit, on-site

orders by the facility staff.

Review of the agreement between the pharmacy and the facility, dated June 2011, revealed the "Dulies and Obligations of the Pharmacy"

utilized as the primary reference for the physician

adraission physician orders for the physician's

the medications prescribed. Further interview

confirmed the facility physician orders were

signature and the MAR to the facility along with

admission/re-admission orders being verified
Foodly 10: 71/17589 If opening sheet

If continuation sheet Page 83 of 113

at the facility, of medication reconciliation of

weekends. This daily audit of admission/re-

admission orders by the pharmacist will be

on-going until desired threshold of 100% is

services for licensed staff regarding the new

met for three consecutive months; then quarterly. On 4/18/14, the DON initiated in-

Medication Reconciliation Procedure of

new admissions/re-admissions on the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 05/25/2014 FORMAPPROVED PMB NO. 0936-0391

BUNGERSON DE	DB7(D)Telepies
\$100 St Anne e	C. O. O. C. Carreson

NAME OF PROVIDER OR SUPPLIES

(X4) PROVIDENCE INTERPLIER/CLIA (DENT S-CATION NUMBER)

MONTOLOTE NOD 2.5 TUUM (EX)

(X3) DoT # SURVEY
COMPLETED

445562

D. WING

05/14/2014

Christian care center of rutherford county llc

STREET ADDRESS, CHY, STATE, AP COCE

202 enon springs road east Smyrna, TN 37467

(X4) ID PREFIX TAG EUMMARY SCATEMENT OF DEFICENCIES (EACH DEFICENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)

ID FRECIX TAG PROVIDERS FLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPRIORMATE
DEFICIENCY)

NO) CCMPLETITION GAZE

(F 425) Continued From page 83

included; "...support and delivery of stedications to the facility (twenty-four hours per day, seven days per week)...Medication Administration records...physician order forms, flow sheets..."

Review of the agreement with the pharmacy consultant and the facility dated June 2011, revealed "Responsibilities and Functions"...the "Consultant agrees to:...Complete monthly patient medication reviews...Participate in Quality Assurance Committee Meetings and provide artiministrative/professional guidance to administrative staff for the development and implementation..."

Medical record review of resident #3 revealed the hospital discharge medication report including the six medication of Countadin (blood thinner). Lipitor (statin drug for cholesterol management), Coreo medication to regulate heart rate), Digoxin medication to slow heart rate and control rhythm). Cardizem medication to control heart rate and blood pressure), and Lisinophi (medication to control high blood pressure). Medical record review revealed the pharmacy falled to transcribe the six medications onto the facility admission physician orders and the MAR. The failure of the facility to provide the six medications from March 14-29, 2014, resulted in the resident's hospitalization with exacerbation of Atrial Fibrilation and a subtherapeutic Digoxin level placed resident #3 in Immediate Jeopardy.

Medical record roview of resident #19, receiving dialysis treatment three days per week, revealed the March 2014, hospital discharge medications did not include PhosLo (Calcium Acetale-used to bind the phosphorus in the body to decrease the level of the phosphorus in the blood) and Crestor

and reconciled onto the MAR by two nurses initialing both forms, and the Admitting Nurse placing a telephone call to the newly-admitted resident's attending physician to review, adjust, and accept admission orders. Any clarification orders given by the admitting physician will be taken by the Admitting Nurse as a telephone order and faxed to the pharmacy with the admission/re-admission orders brought by EMS/accompanied by the resident. These in-services for medication reconciliation are ongoing by the DON west all

reconciliation are ongoing by the DON until all nurses are educated, with completion date of 4/29/14. Newly-hired and agency nurses will be educated by the DON, prior to reporting to the floor for the first time, regarding the new Medication Reconciliation Procedure of having two nurses verify admission/readmission orders, verifying admission orders with the attending physician, and faxing only the orders brought by EMS/accompanied by the resident to the pharmacy. Newly-hired and agency nurses will also be educated by the DON to perform accu-checks and

the oncoming nurse. On 4/1/14, Pharmacy Personnel were in-serviced by Regional Director regarding verifying all numbered pages of admission/re-admission orders and calling the facility to verify number of pages faxed. Beginning 4/25/14, the new procedure

administer sliding scale insulin as ordered by

the physician by performing every shift audits

of the Diabetic Flow Record for accuracy with

was initiated of the pharmacy staff at
Pharmacy Office #1, home office, assuming
the function of order entry to ensure initial
medication reconciliation accuracy. The
pharmacy office #2 will be the

pharmacist at Pharmacy Office #2 will be the second check once the order is filled.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/0014 CENTERS FOR MEDICARE & MEDICARD SERVICES CORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0936-0391 nxa) provintrisural fracia AMB PLANCE CORRECTION (XE) NULTIFILE CONSTRUCTION IDENTIFICATIONALIZATE: TO (809) DATE SURVEY А. Витрика **С**БРИНИТЕО 445502 MAINE OF PACHIETA OR SURPLIED 05/14/2014 STREAT ACORESS, CITY, STATE, 719 COUR CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEPAYIENCIES סוניאינ Presix Tag IEACH DEPOIENCY MUST BE PRECEDED BY ELS T) PREFIX PROVIDERS FLAN OF CORRECTION REGULATORY DRIEC IDENTIFYING INFORMATION, (XS) COUFLETION (BACH COMHECTIVE ACTION SHOULD BE CHOSSIREF POINCED TO THE APPROPRIATE Beginning 4/25/14 all new orders, including (F 425) Continued From page 84 admission/re-admission orders, will be (F 425) reviewed by four pharmacy staff by the (an antistatin medication to lower cholesterol) at 20 milligrams (mg). Further review of the hospital following procedure: Order entry will be performed by discharge medications revealed Mirtazapine (antidepressant medication) and Protonix pharmacy technician at Pharmacy (medication to control stomach acid) were Office #1. included. Medical record review of the March Order entry/clinical review for 2014, facility admission physician medication accuracy will be conducted by the order revealed the pharmacy incorrectly included pharmacist at Office #1. the Phosico and Crestor 20 mg (although they Packaging of product will be were not ordered) onto the forms. Further review performed by the pharmacy

 Final review of product and medication orders will be performed by the pharmacist at Pharmacy Office #2.

technician at Pharmacy Office #2.

Due to Pharmacy Offices #1 and #2 being on the same computer system, this new pharmacy procedure will not impede not slow down medication and MAR delivery to the facility. Pharmacy Office #2's pharmacy technicians and pharmacists were educated on 4/29/14 by the Vice President/Clinical Director of Pharmacy Services in person regarding the new procedure of Pharmacy Office #1 assuming the function of order entry and the procedure of orders being reviewed by four pharmacy staff, from both offices, to ensure accurate medication reconciliation from previous provider. 100% of pharmacy technicians and pharmacists were present for this in-service. No agency staff is used by Pharmacy #2. Pharmacy #1's pharmacy technicians and pharmacists were educated on 4/25/14 by the Vice President/Clinical Director of Pharmacy Services regarding the new procedure of office #1 assuming all order entries and the procedure of orders being

Medical record review for resident #14 revealed the hospital discharge medications included Gabapentin 800 milligrams (mg). Medical record review of the facility readmission medication orders and the MAR revealed the Gabapentin (medication to treat nerve pain) 800 mg was not included and the pharmacy failed to provide the medication.

of the facility admission physician medication

the facility March 2014 MAR revealed the

order revealed the pharmacy failed to transcribe

the Midazapine and Protonix (although they were

ordered) onto the forms. Medical record review of

administration of PhosLo and Crestor, Medical

record review of the April 2014 Physician Orders

and the April 2014 MAR revealed the pharmacy

(although 20 mg was ordered). The failure of the

pharmacy to accurately transcribe and provide

medication placed resident #19 in immediate

incorrectly transcribed the Crestor as 10 mg

Medical record review for resident #1 revealed the hospital discharge modications included Metoprofol (medication to control blood prossure). Medical record review of the facility admission physician orders and the MAR revoaled the pharmacy failed to transcribe Metoprofol onto the

Jeogardy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 0907/2013 CENTERS FOR MEDICARE & MEDICAID SURVICES FORMAPPROVED STATEMENT OF DEPICIANCIES <u>OMB NO. 0938-0301</u> KKI) PROVIDEROUSELERACIN AND FLAN OF CORRECTION (KS) MULTIPLE OCHSTRUCTION DENTIFICATION NETTER (X3) DATE SURVEY A, BL 1786.0 _ COMPLEYED 4455()2 a wing ... MAL'E OF FROMDER OR SUPPLIER 05/14/2014

Christian Care Center of Rutherford County LlC

STREET ACOPESS, CITY, STATE, ZP COLE 202 ENON SPRINGS ROAD BAST SMYRNA, TM 97167

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SUMMARY STATEMENT OF DEPOSENCES
JEACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC MENTIFYING INFORMATION)

ID PREF_{AX} TAG PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SRCSS-REFERENCED TO THE APPROPRIATE DESIGNATION OF THE PROVIDENCE OF THE PR (XS) CONFLETION DATE

(F 425) Continued From page 85 form and failed to provide the medication.

Medical record review for resident #10 revealed the hospital discharge medications included lubricating top jelly bacteriostatic. Medical record review of the facility admission physician orders and the MAR revealed the pharmacy failed to transcribe the lubricating top jelly bacteriostatic onto the forms. Interview with Pharmacist #1, on April 22, 2014, at 1:25 p.m., in the Conference Room, confirmed the lubricating jelly was "...a blatant obtission by pharmacy..." and failed to provide the medication.

Medical record review for resident #26 revealed the hospital discharge medications included Tylenol (medication for control of pain/fever) with no specified frequency of administration. Medical record review of the facility admission physician orders and the MAR revealed the pharmacy failed to transcribe Tylenol onto the forms. Interview with Pharmacist #1 confirmed the altempt and failure to obtain a clarification order prior to providing the facility with the physician orders and the MAR.

Medical record review of resident #13 revealed the February 2014 hospital discharge modications included a cranberry supplement. Medical record review of the facility admission physician order and the MAR revealed the pharmacy failed to transcribe the cranberry supplement onto the forms. Medical record review of the March 2014 hospital discharge medications included Aspirin and a cranberry supplement. Medical record review of the facility admission physician order and the MAR revealed the pharmacy failed to transcribe the Aspirin onto the forms.

{F 425}

reviewed by four pharmacy staff from both offices. This in-service was repeated by the Pharmacy Operations Manager on 4/29/14; this ensured 100% pharmacy technicians and pharmacists were educated. Newly-hired pharmacy technicians and pharmacists from Pharmacy Offices #1 and #2 will be educated during their orientation period by the Pharmacy Operations Manager regarding new order entry system, new facility-cover sheets for faxing admission/re-admission orders to the pharmacy, and on-site daily audits of admission/re-admission orders for medication reconciliation accuracy. No agency staff is used by Pharmacy #1. Vice President/Clinical Director of Pharmacy Services conducted mandatory in-services for facility licensed staff on 4/28/14 and 4/29/14 regarding utilization of the new Fax Cover Sheets for Admissions Office, new Fax Cover Sheets for nurses to utilize for admissions/re-admissions, and tips for writing and sending medication orders. 100% of facility licensed staff attended one of these in-services. Newly-hired and agency licensed staff will be in-serviced by the DON, prior to reporting to the floor for the first time, regarding the new pharmacy cover sheet to be utilized with admission/readmission orders to place those orders in a "priority" status for the pharmacy. Beginning 4/28/14, the pharmacy will provide the facility with a cover sheet for admission/re-admission orders that will consist of a bar code that will move these orders to an "as soon as possible" status for the pharmacy. This cover sheet will also consist of nurse contact number for any clarification issues, and number of pages faxed to the pharmacy. Vice President/

DEPARTMENT OF REALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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AND PLAN OF CORRECTION	•

NAME OF PROVIDER DRISUPPLIER

(NT) PROVIDERSUPPLIER THAT MENT FIGATION NUMBER

WOLCENTERADE FOR THE (KK)

(X3) DATE SURVEY COMPLETED

445592

D. WH.G

05/14/2014

CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CHY, STATE, AIP CODE 202 ENDN SPRINGS ROAD EAST

SMYRNA, TŅ 97167

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ID FREFIX TAG PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GE CROSS-REFLHENCED TO 11-2 APPROPRIATE DEFICIENCY)

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(F 425) Continued From page 86

Medical record review for resident #24 revealed the hospital discharge medications included Melatonin (herbal medication prescribed for sleep) at 4 mg. Letuda (an atypical antipsychotic medication prescribed for anxiety) at 20 mg twice delity and Latuda 10 mg as needed. Medical record review of the facility admission physician order and the MAR revealed the pharmacy incorrectly transcribed the Melatonin as 5 mg. Medical record review of the facility admission physician order and the MAR revealed the pharmacy failed to transcribe both orders for Latuda.

Medical record review for resident #29 revealed the hospital discharge medications included Gabapentin (medication used to treat pain and anxiety) and Metoclopromide (medication to aid in stomach emptying). Medical record review of the facility admission physician order and the MAR revealed the pharmacy incorrectly transcribed the Gabapentin onto the forms.

Interview with Pharmacist #1 on April 22, 2014, at 1:25 a.m., in the conference room, revealed the facility identified a breakdown in communication between the pharmacy and the facility in early April. Further interview confirmed prior to the last Performance Improvement meeting held April 10, 2014, the pharmacy did not compare/reconcite hospital discharge medication to the facility admission physician orders to ensure accuracy. Further interview revealed "...assumed orders verified prior to contact with (pharmacy) or that the nursing facility made a clarification order prior to contacting the (Pharmacy)...." Further interview confirmed the pharmacy made "...blatant ordersion (to provide medications prescribed)..."

Clinical Director of Pharmacy Services {F 425}; conducted mandatory in-services for facility licensed staff on 4/28/14 and 4/29/14

ilicensed staff on 4/28/14 and 4/29/14
regarding utilization of the new Fax Cover
Sheets for Admissions Office, new Fax Cover
Sheets for nurses to utilize for admissions/readmissions, and tips for writing and sending
medication orders. The Nursing Supervisor
receives the carbon copies of all orders
written in the facility. Transcription of
medication orders onto the MARs will be
checked by Nursing Supervisor daily to ensure
accurate medication reconciliation. Charge
Nurse will reconcile all orders written on the
weekend.

Monitoring

The results of the daily audits of the new Medication Reconciliation Procedure of verifying all admission/re-admission orders by two nurses and faxing the orders provided by EMS/ accompanied by the resident to the pharmacy. : results of the daily on site pharmacist review of admission/re-admission orders will be presented by the DON to the monthly Performance Improvement Committee for review and recommendations until desired threshold of 100% has been met for three consecutive months; then quarterly. A Performance Improvement Committee meeting consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse and MDS Nurses was conducted on 5/22/14 and results of the above audit were found to be in continued compliance. The daily medication reconciliation audits will continue to be

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Name Of Province OR Supplier			STORES ACOMESS. CITY, STATE, ZIP CODE	05/14/2014	
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{F 425}	Continued From pag	o B7	(F 425)	completed daily for three months as a recommendation from this Performance	
	Refer to F157-J, F22 F333-L,	4-K, F281-L, F309-J,		Improvement Committee and will continue be reviewed monthly by the Performance Improvement Committee for recommenda	itions
	13, 2014, and May 14 record reviews, review interviews with Nursin The facility provided creconciliation of admir	omplished on-site on May 1, 2014, through medical W of facility documents, and ng and Administrative Staff. evidence of audits of ssionfre-admission orders, all nursion staff refored to		regarding monitoring frequency, adjustmento monitoring, and/or system changes. The Administrator and DON will follow up on recommendations from the Performance Improvement Committee to assure continu compliance. The Performance Improvement Committee consists of Administrator, Med Director, Business Office Manager, Director Nursing, Assistant Director of Nursing, Hum Resources Clerk, Clinical Records Clerk,	nts ued it
:	adm:ssign/readmissig medication reconcilial blood glucose monitol	in physician order and ilon, medication omissions, ring and shift to shift audits ilding scale insulin, sliding nd physician standing		Marketing/Admissions Director, Director of Housekeeping/Laundry, Maintenance Direc Director of Social Services, Therapy Manage Consultant Pharmacist, and Line-Staff Nurse	tor,
1 1 2	າຍໄປ on Aprīl 28, 2014,	ice Improvement Meeting to discuss the new timedication reconcilation			
i.	13-14, 2014, throughou tursing staff had been	Staff on all shifts May ut the facility, revealed the in-serviced on the protocol imission medication order			

reconciliation, pharmacy protocol, medication errors, and physician standing orders.

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ř.	TIAN CARE CENTER O	FRUTHERFORD COUNTY LLC		STREET ADDRIES CITY, STATE, ZIP DODR 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	05/14/2014
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₹F 425	technician, at pharm medication orders we Pharmacist at pharm as at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at pharmacist at ordered. On the new fax sheet with implemented to ensure this part of the next day on-site if the next day on-	nacy office #1, then the rere checked by the nacy office #1, and the nacy office #2 would provide nacy office #2 would provide nacy office #2 would provide deficitions delivered to the continued interview revealed is a barcode had been are new ion orders from the facility ligh importance. Continued is new orders were checked by pharmacy services.	(F 42€	5 }	
(F 490) 8 S =F	C/0#33583 483.75 EFFECTIVE ADMINISTRATION/R	ESIDENT WELL-BEING	{F 490}	<u>F 490</u>	
	enables it to use its re efficiently to attain or r	nental, and psychosocial		Christian Care Center of Rutherford C believes its current practices were in compliance with the applicable stand care, but in order to respond to this of from the surveyors, the facility is taking following additional actions:	ard of
	This REQUIREMENT by:	is not mot as evidenced			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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(F 490) Continued From page 89

Based on medical record review, review of facility Plan of Correction, facility policy review, and interview, the facility falled to be administered in a manner to ensure physician's orders were followed for eleven residents (#1, #3, #10, #13, #14, #19, #24, #26, #28, #29, #30), failed to administer medications as ordered resulting in neglect of one resident (#3), folled to ensure quality of care for eight residents (#1, #3, #10, #13, #14, #19, #24, #29), failed to ensure the facility was free from significant medication errors for one resident (#3), and failed to ensure implemented Interventions addressed during Performance Improvement were effective. The facility personnel failed to identify significant medication errors when completing modication audit. The facility's failure to ensure physician's orders were followed, failure to administer medications as ordered, follure to ensure the facility was free from significant medication errors and failure to ensure an effective Performance Improvement plan was implemented, resulted in Immediate Jeopardy for rosidents #3, #19, and #14 (a situation in the provider's nuncompliance with one or more requirements of participation has caused, or was likely to cause, serious injury, harm impairment or death), and potentially for all residents in the facility.

The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurso Consultant #2, Nurse Consultant #3, Vice-President of Client Operations, and Medical Director #1 were informed of the Immediate Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

The Immediate Jeopardy was effective March 14,

(F 490) Corrective Actions for Targeted Residents

Physician's Orders are now being followed for Residents #10, #13, #14, #19, #26, #28, #29 and #30. Resident #1 was a closed chart. Resident #24 was discharged on 4/23/14. Resident #3 was transferred to acute care on 3/29/14. Resident #3 returned to the facility on 3/31/14. Resident #3's medications were reconciled from the previous provider accurately on 3/31/14 by the DON. Resident #3 was discharged from the facility on 4/1/14. Administrator was made aware of medication reconciliation issues on 4/2/14. The updated POC provided to the surveyors by the DON on 4/21/14 was not acceptable.

Identification of Other Residents with Potential to be Affected

Current residents have the potential to be affected by this practice. The personnel change for the facility Administrator was conducted on 4/28/14. The personnel change for the facility Nurse Consultant #1/Acting DON was conducted on 4/18/14. On 4/28/14, the Interim Administrator was educated by the Nurse Consultant #1/Acting DON with information regarding new Medication Reconciliation Procedure, new Performance Improvement audits and procedures for accuchecks and sliding scale insulin, and ongoing education for nursing staff as well as any other follow-up to recent survey.

DEPARTMENT OF HEALTHAND HUMAN SERVICES

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2014, and was engoing.

An extended survey was conducted on April 24, 2014.

Substandard Quality of Care was cited at F224-K. F309-K, and F333-L.

The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revist on May 13, 2014, and May 14, 2014, revealed the corrective actions implemented on May 2, 2014. removed the immediacy of the Jeopardy.

Noncompliance for F-490 continues at a "F" level citation for the facility's monitoring the effectiveness of corrective actions in order to ensure sustained compliance and evaluation of the processos by the Quality Assurance Committee.

The findings included:

Review of facility Plan of Correction (facility's own, internal corrective action plan), completed by the Director of Nursing (DON) on April 2, 2014, In response to the discovery of the significant medication errors of resident #3, revealed the facility became aware of modications which were being omilled from the hospital discharge records when reconciled with the facility's admission modication orders and Medication Records (MARs) sent from the pharmacy. Continued review revealed a Plan of Correction was instituted by the DON which stated the facility would complete a 100 % (porcent) audit of all active residents by conducting a reconciliation with the MARs and the Physician Orders. Continued review revealed the Plan of Correction

Administrative staff will be made aware by the DON/ADON on a daily basis during Stand-Up Meeting of Administrative staff every morning—and throughout the day—of results of any noncompliance issues found on daily audits of New Medication Reconciliation Procedure, daily accu-check performance/ sliding scale insulin administration, significant medication errors, and failure to follow physician's orders. Stand-Up Meetings consist of Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Human Resources Clerk, Clinical Records Clerk, Marketing/Admissions Director, MDS Coordinator, Assessment Nurse, Director of Activities, Director of Dietary, Director of Housekeeping/Laundry, Maintenance Director, Director of Social Services, and Therapy Manager. Noncompliance issues will be addressed by the Administrator and Department Director involved. Continued Performance Improvement audits will be presented to the Administrator by the DON/ADON for review/recommendations, for change/ improvements, and follow-up action for noncompliance.

Monitoring

A Performance Improvement Committee meeting will be held monthly for discussion and communication by the DON/ADON of issues found from results of the New Medication Reconciliation Audits, accu-check

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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(F 490) Continued From page 91

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was to provide education of all Licensed Nursing Staff of the new system to be Instituted requiring two nurses to double check the trespital two nurses to double check the trespital discharge orders with the Physician's Orders and the MAR's. Further review revealed the Plan of Correction was for each admission record to be reviewed in morning Stand-up meeting on the Tollowing business day" after a resident's admission to the facility. Continued review revealed each physician order, after a resident's admission to the facility, was to be verified by nursing administration "...the following business day..." Continued review of The Plan of Correction revealed the plan was engoing with each new admission and physician order.

Interview with the DON and Norse Consultant #1 on April 17, 2014, at 2:55 p.m., in the Conference Room, confirmed the audit was completed per the Plan of Correction dated April 2, 2014, of all residents in the facility. Continued intorview confirmed Nurse Consultant #1 emailed the results of the audit to the DON on April 4, 2014. Further interview confirmed both the DON and Nurse Consultant #1 were aware of the results of the audit which documented resident #19 was receiving medications which had not been ordered on admission, and were aware resident #19 was not receiving other medications which had been ordered. Continued interview confirmed both the DON and Nurse Consultant #1 laited to follow-up on the audit as of the time of the Interview on April 17, 2014.

Interview with the Administrator on April 21, 2014, at 9:40 a.m.; in the Conference Room, confirmed the Administrator was also notified by email on April 4, 2014, of the results of the chart audits. Confinted interview with the Administrator

performance/sliding scale administration (F 400) audits, failure to follow physician's orders, failure to be free of significant medication errors and other resident issues that have arisen to ensure there is an effective Performance Improvement Plan in place. A Performance Improvement Committee meeting consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was conducted on 5/22/14 and results of the above audits were found to be in continued compliance. The daily accu-checks/sliding scale insulin administration audits and the daily medication reconciliation audits will continue to be completed daily for three months as a recommendation from this Performance Improvement Committee and will continue to be reviewed monthly by the Performance Improvement Committee for recommendations regarding monitoring frequency, adjustments to monitoring, and/or system changes. The Administrator and DON will follow up on

Medical Director, Business Office Manager,
Director of Nursing, Assistant Director of
Nursing, Human Resources Clerk, Clinical
Records Clerk, Marketing/Admissions Director,
Director of Housekeeping/Laundry,
Maintenance Director, Director of Social
Services, Therapy Manager, Consultant
Pharmacist, and Line-Staff Nurse. The facility's
governing body will increase the frequency of
Nurse Consultant visits to twice a month for
three months. The facility's governing body will

recommendations from the Performance

Committee consists of the Administrator,

Improvement Committee to assure continued

compliance. The Performance Improvement

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	confirmed the Admitolicav-up on the reseaware the medicatic Further interview contaken by Nursing Administrator to add Further interview contaken by Nursing Administrator to add Further interview conditional on April 10, reconcilitations* Further interview had "discussions" to the medication empruther interview contaken put in place sinterpretation the put in place sinterview contaken	nistrator also failed to ults of the audit and was an errors had been identified. Infirmed no action had been iministration Staff or the tross the audit concerns. Infirmed the Administrator had st Performance Improvement 2014, and "talked about urther interview confirmed had identified the Issues with lion processes and had orrection on April 2, 2014, confirmed the Administrator "with the pharmacy related ors which had becurred, firmed no new plan had	(F 490	also have a Nurse Consultant present for Performance Improvement Committee meetings for three months to ensure compliance and system monitoring. The facility's governing body is a Manageme Consulting entity.	ontinued
	Refor to F157-J, F22 F333-L, F425-L	4-K, F281-L, F309-K,			
1	13, 2014, and May 14 fecord reviews, review	ible Allogation of Implished on-site on May 1, 2014, through medical In of facility documents, and In and Administrative Staff.			
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['] {F 49।	orders, and the pha medication orders. The facility provided emergency Perform held on April 28, 20: admission/readmiss process, pharmacy notification process. Interviews with Nurs 13-14, 20:14, through hursing staff had befor new admissionard reconciliation, pharmerrors, and physician interview with the Admit 8:40 a.m., in the cothe facility leadership Nursing, and the Macfindings of the survey audit measures to encorrective actions with improvement Commit	documentation of an ance improvement Meeting 14, to discuss the new ion medication reconcilation pracess, and physician ing Staff on all shifts May sout the facility, revealed the protocol sadmission medication order accy protocol, medication standing orders. ministrator on May 14, 2014, onforence room, revealed group, the Director of ical Director, reviewed the and implemented follow-up surfacompliance with initiating a Performance liee.	{F 49		
	that constitutes no ac more than minimal ha	t out of compriance at a evel "F" a deficient practice fuel harm with potential for rm, that is not immediate les an acceptable plan of ive actions are venilled		F 501 Christian Care Center of Rutherford Cobelieves its current practices were in compliance with the applicable standa	Ĭ
F 501}	C/0 #33583 483.75(i) RESPONSI	BILITIES OF MEDICAL	{F 501}	care, but in order to respond to this cit from the surveyors, the facility is takin	

following additional actions:

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: DEIZT/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM AFPROVED STALEMENT OF DEFICIENC SS (XI) PROV DERWOPPLIERICHA DEMIGRICATION FORMER <u>OMS NO. 0998-0396</u> (ՀՀ) Կում թեր ընկերդանում ALO PLAN OF SCRIENSTINE IX3: DATG SURVEY A. BUILDING ____ DOMPLEYED 445502 D. WHAT MANIE OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CHY, STATE, 2IF CODE Christian Care Center of Rutherford County LLC 202 ENON SPRINGS ROAD EAST SNYRNA, TN 37167 SUMMARY STATEMENT OF DESICIENCIES (X1)ID PREFOX (EACH DEFICENCY MUST BE PRECEDED BY FULL ΙĎ PROVIBERS FLAN OF CORPECTION DC) Completion PREFOX REGULATORY OR LEG IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS REPERENCED TO THE APPROPRIATE DEFICIENCY; **Corrective Actions for Targeted Residents** (F 501) Continued From page 94 (F 501)

88=F DIRECTOR

The facility must designate a physician to serve as medical director.

The medical director is responsible for implementation of resident care policies; and the coordination of medical care in the facility.

This REQUIREMENT is not met as ovidenced bv:

Based on review of Co-Medical Director Agreements, and interview, the facility failed to ensure one medical director was designated to be responsible and accountable for oversight of resident care policies, procedures and services, The failure of the facility to appoint one medical director resulted in inaccurate medication administration procedures that placed three residents (#3, #14, #19) of thirty-one residents reviewed in Immediate Jeopardy (a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death), and placed any resident who receives medications at risk,

The Administrator, Regional Administrator Consultant, Assistant Director of Nursing, Nurse Consultant #1/Acting Director of Nursing, Nurse Consultant #2, Nurse Consultant #3, Vice-President of Client Operations, and Medical Director #1 were informed of the immediate Jeopardy on April 24, 2014, at 10:55 a.m., in the Conference Room.

The Immediate Jeopardy was effective March 14. 2014, and was ongoing.

The facility has only one Medical Director who has served in this capacity since June 16. 2010. The Medical Director is responsible for reviewing resident care policies, procedures, and services as were emphasized during a Performance Improvement meeting conducted on April 28, 2014. At the same meeting the Medical Director participated in the formulation of corrective procedures concerning physician's orders and medical administration errors. The Medical Director will continue to attend regular Performance Improvement meetings and to review and approve and advise facility in the development and implementation the resident care policies, procedures, and services. Resident #3 was transferred to acute care on 3/29/14. Resident #3 returned to the facility on 3/31/14. Resident #3's medications were reconciled from the previous provider accurately on 3/31/14 by the DON. Resident #3 was discharged from the facility on 4/1/14. Resident #19's medication orders were reconciled on 4/17/14 by the DON, MD and Resident #19's family were notified of medication errors on 4/17/14. Resident #14's accu-check time was changed from 6am to 7am on 4/21/14 by the MD to be closer to mealtime. Resident #14's family was notified of medication errors on 4/21/14 by the DON.

Identification of Other Residents with Potential to be Affected

Current residents have a potential to be affected by this practice. Any issues of noncompliance of medication reconciliation.

DEPARTMENT OF HEALTH AND HUMAN SURVICES

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(F 501)	Continued From pag	7 8 95	{F 501}	accu-checks/sliding scale administrati irregularities, or inadequate medical o	on, drug
	An extended survey 2014,	was conducted on April 24,		be communicated to the Medical Dire the Director of Nursing on the day of	ector by

Substandard Quality of Care was cited at F224-K. F309-K, and F333-t

The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revisi on May 13, 2014, and May 14, 2014, revealed the corrective actions implemented on May 2, 2014, removed the immediacy of the Jeopardy.

Noncompliance for F-501 continues at a "F" level citation for the facility's monitoring the effectiveness of corrective actions in order to ensure sustained compliance and evaluation of the processes by the Quality Assurance Committee.

The findings included:

Review of the facility's Medical Director Agreement revealed the facility had three co-medical directors, not one,

Review of Co-Medical Director Agreement signed and dated November 14, 2012, by Medical Director #2, revealed, "...Services of Physicians... As Co-Medical Director of facility. Physician shall perform those duties and responsibilities set forth in Addendom A. alitached hereto...together with all other services to be provided by Physician herounder, the 'Services'..." Further review revealed, *...Coordination of medical care in Facility...(iii) Facility's quality assurance program on a quarterly basis..." Continued review revealed. "...Addendum A...providos that medical directors

discovery of issue to ensure appropriate steps are taken to remedy the problem.

Systematic Changes

The facility's Medical Director, Attending Physicians, and Interim Administrator were educated by the DON on 4/28/14 during a Focus Performance Improvement Committee Meeting regarding the results of issues found from the recent survey to include: Participation in the development of facility procedures and policies to address accurate medication administration and the Medical Director's role of implementation of residentcare policies and the coordination of medical care in the facility. This education included the Medical Director's role of evaluating and attempts to correct reports of inadequate medical care. The Medical Director was also reminded and reinstructed by the facility administrator and DON on 4/28/14 that he is required to continue attending the monthly Performance Improvement Committee Meetings. He was also reminded that he is expected to address issues, policies, medical care, suggestions for changes, as well as overall clinical care of the facility's residents in addition to ensuring the care and services are adequate and compliant at the facility. Standing Orders were revised and signed by the Medical Director on 4/28/14. Facility protocol for sliding scale insulin admini-

DEPARTMENT OF HEALTH AND HISMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

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(F 501) Continued From page 96

are responsible for...implementation of resident vere policies and the coordination of medical care in the facility... 'Resident care policies' include admissions, transfers and discharges....It also lactudes having a significant role in overseeing the overall clinical care of residents to ensure to the extent possible that care is adequate... When the medical director identifies or receives a report of possible inadequate medical care, including drug irregularities, (Medical Director), is responsible for evaluating the situation and taking appropiate steps to try to correct the problem...A medical director whose sole function is la approve resident care policies does not meet this requirement...*

Interview with Medical Director #2 on April 21, 2014, at 11:52 a.m., in the Conference Room. revealed "... was at the last Performance Improvement meeting (April 10, 2014)...don't remember specifics...talked about changing processes ...and issue with medications...I would expect something to happen...Not sure of specifics...Not aware of the what chacks and balances in place...Not aware of what pharmacy has or had in place to correct issues...

Review of Co-Medical Director Agreement signed and dated March 22, 2013, by Medical Director #3, revealed, "...Services of Physicians...As Co-Medical Director of facility, Physician shall perform those duties and responsibilities set forth in Addendum A, altlached horeto...together with all other services to be provided by Physician hereunder, the 'Services'..." Further review revealed, "...Coordination of medical care in Facility...(iii) Facility's quality assurance program on a quarterly basis..." Continued review revealed, "...Addendum A ...provides that medical

stration was discontinued by the Medical (F 501) Director on 4/28/14. Per the Medical Director's approval, sliding scale insulin administration will follow the physician's discharge orders from the hospital/previous provider. Pharmacy was notified of this revision for Standing Orders on 4/29/14. These Standing Orders were placed in the residents' charts and in the front of the MARs by the DON on 4/29/14, who instructed each nurse when and how to use these orders and where they could be located; completed on 5/1/14.

Monitoring

A Performance Improvement Committee meeting will be held monthly for discussion and communication of issues found from audit results of New Medication Reconcilíation Audits, accu-check performance/sliding scale administration audits, failure to follow physician's orders, failure to be free of significant medication errors and other resident issues that have arisen. Information will be presented by the DDN/ADON to ensure there is an effective Performance Improvement Plan in place. A Performance Improvement Committee meeting consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was conducted on 5/22/14 and results of the above audits were found to be in continued compliance. The daily accuchecks/sliding scale insulin administration audits and the daily medication reconciliation

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICARD SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB NO. 0938-0391</u> (XI) PROVIDERISLERIJEROMA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDITABLE CATION NUMBERS (K3) DAIN SURVEY A fibiLDing COMPLE (ED 445502 NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ACORESS, CITY, STATE, ZIP CODE Christian Care Center of Rutherford County LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TH 37167 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES TEACH DEFICIENCY MUST BE PRECEDED BY FUL iD PROVIDERS FLAY OF CURRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE PROSS-REFERENCED TO THE APPROPRIATE PREFX (205) DOMESET, GN TAG REGULATORY OR USC DENTIFYING INFURNATION TAG DEFICIENCY audits will continue to be completed daily for (F 501) Continued From page 97 (F 501) three months as a recommendation from this directors are responsible for...implementation of Performance Improvement Committee and resident care policies and the coordination of will continue to be reviewed monthly by the medical care in the facility... Resident care Performance Improvement Committee for policies! include admissions, transfers and recommendations regarding monitoring discharges....!! elso includes having a significant frequency, adjustments to monitoring, and/or role in overseeing the overall clinical care of residents to ensure to the extent possible that system changes. The Administrator and DON will follow up on recommendations from the care is adequate... When the medical director identifies or receives a report of possible Performance Improvement Committee to inadequate medical care, including drug assure continued compliance. The Medical irregularities, (Medical Director), is responsible for Director will continue to attend regular evaluating the situation and taking approplate Performance Improvement meetings and to stops to try to correct the problem... A medical review, approve and advise the facility in the director whose sole function is to approve development and implementation of the resident care policios does not meet this resident care policies, procedures, and requirement..." services. The Performance Improvement Committee consists of the Administrator, Interview with Medical Director #3 on April 22, Medical Director, Business Office Manager, 2014, at 9:30 a.m., in the Conference Room, Director of Nursing, Assistant Director of revealed "...was not at last Performance Nursing, Human Resources Clerk, Clinical Improvement meeting (April 10, 2014)...was Records Clerk, Marketing/Admissions aware was working on issue of confusing hospital Director, MDS Coordinator, Assessment discharge orders due to multiple sets provided to the facility...The administrator has not as yet Nurse, Director of Activities, Director of Dietary, Director of Housekeeping/Laundry, approached (Medical Director #3) to address the Maintenance Director, Director of Social

F333-L, F425-L, F490-L

administration.

issuo...

In summary, the facility's failure to designate only

one physician as Medical Director resulted in no one (of the three co-medical directors) soley accountable to ensure implementation of resident care policies and the coordination of medical care in the facility, including accurrate medication

Refer to F157-J. F224-K, F281-L, F309-K,

Services, Therapy Manager, Consultant

Pharmacist, and Line-Staff Nurse.

5/22/14

STATEMEN	T OF RESIDENCIES	8 MEDICAID SERVICES	,		PRINTEO: 05/27/201 FORM APPROVE OMB NO. 0938-039
AND PLAN	OF CORRECTION	(XX) PROVIDERSUPPLIER CLIA IDENT FICATION NUMBER	A BUILDS	TELE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF	President of the second	445502	B. WING		R
	PROVIDER ON SUPPLEM IAN CARE CENTER OF	FRUTHERFORD COUNTY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 20Z ENON SPRINGS ROAD EAST	05/14/2014
(X4) ID PREFIX TAG	SUMMAY STAT	TEMENT OF DEFICENCIES MIJST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION	ID PREFIX TAG	SMYRNA, TN 37167 PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY	filtrate construction
r f f f f p f f l n n n n n n n n n n n n n n n n n	facility documents, in Administrative Staff. The facility provided reconciliation of administrative Staff. The facility provided reconciliation of administration of administration physician notification admission/readmission/readmission of accu-checks and sociale insulin orders, and the pharmadication orders. The facility provided demergency Performanced on April 28, 2014 admission/re	complished on-site on May 4, 2014, through review of therviews with Nursing and and the Medical Director. evidence of audits of ission/re-admission orders, all nursing staff related to of medication errors, on physician order and tion, medication omissions, ring and shift to shift audits liding scale insulin, sliding and physician standing macy procedure for locumentation of an accelemptovement Meeting to discuss the new in medication reconcilation orders, and physician standing orders, and physician order by protocol, medication order by protocol, medication order by protocol, medication tanding orders. May 13, 2014, at 2:30 Director revealed the cian's with admitting interview revealed the ed the facility with proval of protocols for nove the Immediato	{F \$0*		

Jeopardy. Continued interview rovealed the

DEFARTMENT OF HEALTH AND FEIMAN SERVICES PŔINTED: USW7/2014 CENTERS FOR MEDICARE & MEDICARD SERVICES FORMAPPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DESCRIPTION (X4) PROVIDERSUEST ENGLO IDENTIFICATION MAYERS (X2) MUSTIFIE CONSTRUCTION AND PLAN OF CORRECTION (#2) DATE SURVEY A BL LDING_ COMPLETED 445502 B. WYG NAME OF PROVIDER OR BUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES ľΒ PREFX (EACH DEPOJENCY MUST BE PRECEDED BY FULL PROVIDER'S PLANO? CORRECTION COMPLÉTION COMPLÉTION DATE PRÉFIX JEACH CORPLOTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR I SCIDENTIFYING INFORMATION) TAG TAG DEFIGENCY (F 501) Continued From page 99 &F 5011 Medical Director and the other attending physicians communicated facility procedures during the Performance Improvement meetings, and discussed ways to address quality of care issues. The facility will remain out of compliance at a Scope and Severity lovel "F" a deficient practice that constitutes no actual harm with potential for minimal harm, that is not immediate Jeopardy until it provides an acceptable plan of correction and corrective actions are verified onsite. C/0#33583 F 514 (F 514) 483.75(I)(1) RES (F 514) RECORDS-COMPLETE/ACCURATE/ACCESSIB SS=E Christian Care Center of Rutherford County believes its current practices were in The facility must maintain clinical records on each compliance with the applicable standard of care, but in order to respond to this citation resident in accordance with accepted professional from the surveyors, the facility is taking the standards and practices that are complete: accurately documented; readily accessible; and following additional actions: systematically organized. Corrective Actions for Targeted Residents The clinical record must contain sufficient information to identify the resident; a record of the Resident #3 was discharged from the facility resident's assessments; the plan of care and on 4/1/14. Medication Administration services provided; the results of any Records were signed by licensed staff for preadmission screening conducted by the State: Residents #10, #14, #18, and #30 on 5/1/14. and progress notes. Resident #14's accu-check time was changed from 6 am to 7am by the attending physician on 4/1/14 to be closer to mealtime. Resident This REQUIREMENT is not met as evidenced

Based on review of facility policy, review of the

medical record, and interview, the facility failed to

maintain complete and accurate medical records

for six residents (#3, #10, #14, #18, #30, #27) of

for Resident #27.

#14's family was notified of medication errors

counseled immediately on 4/22/14 by the

documenting a "late entry" as was the case

on 4/21/14 by the DON. LPN #2 was

DON regarding the correct method for

DEPARTMENT OF WEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

STATEMENT OF CRICENCES ON THAT STAN CHOOSES

NAME OF PROVIDER OR SUFFLIGH

AN INCOMPLETE SALIDATION OF SECTION XX) MULTIPLE DONESTRUCTION А Обложа_{на —}

FORM APPROVED OMB NO. 0938-0391

PRINTED: CHIZ7/2018

(49) date bijrvey COMPLETCH

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e. Wing

05/14/2014

Christian Care Center of Rutherford County LLC

STABLE ADDRESS, DITY, STATE ZIP HODE ZIIZ ENON SPRINGS ROAD EAST

SMYRNA, TH 97167

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES FEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY ORESC DENTIFYING INFORMATION

(D PREFIX

PROVIDERS PLAY OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

IKS) GOMPLETICA

(F 514) Continued From page 100 thirty-one resident records reviewed.

The findings included:

Review of facility policy, Charting and Decumentation, last reviewed on September 2008, rovealed "... Rules for Charling and Documentation...Be...accurate...Medication Administration...Document on the Medication Administration Record (MAR) as the medications are administered...Signature and title of person recording the data..."

Resident #3 was admitted to the facility on December 26, 2012, and readmitted to the facility on March 14, 2014, with diagnoses including Respiratory Failure, Chronic Atrial Fibrillation, Sinonal Node Dysfunction, Preumonia, Chronic Obstructive Pulmonary Disease, Hypertension, and Cerebral Vascular Accident.

Medical record review of a nurse's note dated Match 30, 2014, revealed, "...Late ontry for 3/26/14. At approx. (approximately) 3 p.m. this nurse was called to resident room to assess resident. Resident in bed with eyes closed. shaking et (and) c/o (complained of) being cold. Resident alort et responsive. Vital signs T (temperaturo) 100,8 orally, P (pulse) 138 (normal range B0-100), R (respirations) 27, B/P (blood pressure) 156/92, O2 (oxygen) 78 % (percept) via (by) no (nasal cannula) at 3 LPM (liters per minute). This nurse instructed patient to breathe in through nose et out through mouth. O2 increased to 83%. Nurse applied a non-rebreather oxygen mask et O2 increased to 86-92% fluctuating. Nurse notified MD (medical doctor) of pt (patient) status at N/O (new order) to send to ER (emergency room) for eval

Identification of Other Residents with (F 514). Potential to be Affected

> Current residents have the potential to be affected by this practice. Facility Medication Administration Records were signed by licensed staff beginning with monthly MAR change-over on 5/1/14. All nurses are to sign with their first medication administration round for May, 2014, and every month thereafter. On 4/24/14, the new procedure began of each licensed nurse conducting an accu-check performance/sliding scale insulin administration audit every shift with the oncoming nurse for accuracy and completion of documentation onto the Diabetic Flow Record. Beginning 4/22/14 licensed staff was educated by the DON regarding proper documentation of a "late entry" by documenting the date and time a late entry is made, and the date and time that the "late entry" is for. This in-service was repeated by the DON on 4/28/14 to ensure all licensed staff was educated regarding appropriate documentation of "late entries." Beginning 4/24/14, licensed staff was in-serviced by the ADON regarding performing accu-checks and administering sliding scale insulin as ordered by the physician, with no omissions nor errors on the Diabetic Flow Record. This in-service was repeated on 4/28/14 and 4/29/14 by the Nurse Consultant to ensure all nurses were educated.

DEHARTMEN 1 OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES CEVERBUM MROR STATEMENT CHIDEFICIENCIES CMB NO. 0938-0331 (KI) PROVIDERGUEF JEROIN EDITORITAT ON NUMBER AND YUSPION CORRECTION MALLOTTON SERVICE CONSTRUCT OF \$x3; DATE STIRVEY s, eur, nave COMPLETED **445502** U. WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, 21F DODE Christian care center of Rutherford County LLC 202 EMON SPRINGS ROAD EAST SMYRNA, IN 37167 SUMMARY STATEMENT OF DEFICIENCIES FREFIX 102 PROVEDER'S PLAN OF CORRECTION (EACH DEFICIENDY MUST BE PRECEDED BY FULL (EACH COMPRECTIVE ACTION SHOULD HE CHOSS REFERENCED TO THE APPROPRIATE (XS) COMPLETION PREFIX T/vG REGLEATORY OR USC IDENTIFYING INFORMATIONS TAG

(F 514) Continued From page 101

(evaluation) et tx (treatment)..." Continued review revealed. "...falu entry for 3/29/14 5 µm. ER staff called et stated they needed a copy of resident's MAR. This nurse faxed MAR to number provided white on phone inquiring about resident's status. No new diagnosis from trospital at this time. This nurse was informed that diagnostic testing was still being performed..."

Medical record review of a nurse's note dated April 8, 2014, limed 2:49 p.m., and signed by the Director of Nursing (DON) revealed, "...Upon chart review it is noted on the late entry dated 3-30-14 @ (at) 730 a.m., (the note is for 3-26-14) the date for the late entry is incorrect and is actually for 3-29-14 which is when this resident was transferred to the ER for further eval and treatment..."

Resident #10 was admitted to the facility on March 28, 2014, and readmitted to the facility on April 9, 2014, with diagnoses including Diabetes Melitus Type II. Arteriosclerottc Dementia, Major Depressive Disorder, Anxiety, and Affective Psychoses.

Medical record review of the March 2014
Medication Record (MAR documentation of
medication administration) revealed the MAR was
not signed by the nursing staff administering the
medications.

Resident #14 was admitted to the facility March 31, 2014, discharged to the hospital on April 1, 2014, related to care for a cyst, and readmitted to the facility on April 11, 2014, with diagnoses including Diabetes Mollius, Hypertension, Peripheral Nouropathy, Congestive Heart Faiture,

Systematic Changes

(F 514)

Beginning 4/24/14, nurses will conduct an accu-check/sliding scale insulin administration audit every shift with the oncoming nurse. The DON/ADON will follow up on the results of these accu-check/sliding scale insulin audits on a daily basis. Nursing Supervisor will follow up on the results of these daily audits on the weekends. A monthly audit will be conducted by the DON to ensure that Medication Administration Records are signed by nurses who initial the front. Newly-hired nurses and agency nurses will be educated by the DON, prior to reporting to the floor for the first time, regarding the need for signing the back of MARs that have their initials on the front, performing accu-checks/sliding scale insulin administration per the physician's order, and the proper way of documenting a "late entry" in the medical record.

DEFICENCY

Monitoring

The results of the Medication Administration Record audit will be presented by the DON to the monthly Performance Improvement Committee for review and recommendations until desired threshold of 100% has been met for three consecutive months; then quarterly. The results of the daily audits of performing and documenting accu-checks/sliding scale insulin administration will be presented by the ADON to the monthly Performance Improvement Committee for review and recommendations until desired threshold has been met for three consecutive months; then quarterly. Random audits of 10% will be conducted by Medical Records throughout the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARL & MEDICAID SERVICES

PRINTED: 08/87/2014 FORM APPROVED OMB NO. 0930-0991

STATEMENT OF DEFICE NO ES AND PLAY OF CORRECTION

NAME OF DUCKLIER OR SUPPLIER

(XII) PAGY DED/SUPPLIERCHIA DENEFICATION NUMBER:

(XP) MULTIFL EGG/STREETION A. BUILDING (XII) DATE SURVEY COMPLETED

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05/14/2014

CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

STREET ADDRESS, CHY, STATE, ZPICOGE 232 ENON SPRINGS ROAD EAST

SMYRNA, TN 37167

(X4) ID PREF(X PAG STIMMARY STATEMENT OF LIEFICIENCIES (EACH DEFIC ENCY MUST HE PRECEDED BY FULL REGULATORY OR LECTIDENTIFYING INFORMATION)

ID FREFIX TAG PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DESCRIPCY:

COMPLETION EAN:

(F 514) Continued From page 102 and Acute Renal Failure.

Medical record review of the March 2014 MAR revealed the MAR was not signed by the nursing staff administering the medications.

Medical record review of the April 2014 MAR revealed the MAR was not signed by all the nursing staff administering the medications. Further review revealed the MAR contained one nurse's signature.

Interview with Nurse Consultant #1/Acting Director of Nursing, on April 21, 2014, at 11:38 a.m., in the Conference Room confirmed the blood sugar level and the insulin administration when the blood sugar was elevated was to be documented on the Diabetic Medication Administration Record. Further interview солялмой the April 2014, Diabetic Medication Administration Record lacked documentation of blood sugar levels on April 19, 2014, at 9:00 p.m. and on April 21, 2014, before the breakfast meal. Further interview confirmed the insulin should have been administered and the number of units administered was to be documented on April 18 and 19, 2014, at 5:00 p.m. and an April 20, 2014, at 11:00 a.m. due to the elevated accucheck

Resident #18 was admitted to the facility on March 13, 2014, with diagnoses including Diabetes Mellitus Type II, and Hypertension.

Medical record review of the March 2014 MAR revealed the MAR was not signed by the nursing staff administering the medications.

Resident #30 was admitted to the facility on

month focusing on any "late entry"

(F 514) documentation for accuracy. Inappropriate "late entries" will be reported to the DON by the Medical Records Clerk the same day it is discovered. A Performance Improvement Committee, consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was held on 5/22/14 and results of the above audits were found to be in continued compliance. The daily accuchecks/sliding scale insulin administration audits and the daily medication reconciliation audits will continue to be completed daily for three months. Random audits focusing on "late entries" by the Medical Records Clerk will continue monthly as a recommendation from this Performance Improvement Committee and will continue to be reviewed monthly by the Performance Improvement Committee for recommendations regarding monitoring frequency, adjustments to monitoring, and/or system changes. The Administrator and DON will follow up on recommendations from the Performance Committee to assure continued compliance. The Performance Improvement Committee consists of the Administrator, Medical Director, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Human Resources Clerk, Clinical Records Clerk, Marketing/Admissions Director, MDS Coordinator, Assessment Nurse, Director of Activities, Director of Dietary, Director of Housekeeping/Laundry, Maintenance Director, Director of Social Services, Therapy Manager, Consultant Pharmacist, and Line-Staff Nurse.

5/22/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION OM8 NO. 0938-0391 (X)) PROVIDERSUPPLIERACIA IDENTIFICATION MINGER (X2) MULTIFLE CONSTRUCTION XX DATE SURVEY A BUILDING COMPLETED 445502 B. WING NAME OF PROVIDER OR SHIPPLICE 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CORE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37157 SUMMARY STATEMENT OF DEFICIENCES AXALID TEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION) เต PREFIX PROVIDERS PLAN OF CORRECTION TAIL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 514) Continued From page 103 (F 514) January 31, 2014, with diagnoses including Diabotes Mellitus Type II. Altered Mental State, Cerebral palsy, Quadriplegia, and Hypertension. Medical record review of the April 2014 MAR revealed the MAR was not signed by all the nursing staff administering the medications. Further review revealed the MAR contained one nurse's signature. Resident #27 was admitted to the facility on April 14, 2014, with diagnoses including Hypertension, Atrial Fibrillation, Chronic Kidney Disease Stage III, and Altered Mental Status. Medical record review of a nursing note dated April 17, 2014, at 8:00 a.m., revealed "...IM (intramuscular) Ativan (anti-anxiety medication) obtained from on-call MD (physician) for increased anxiety/agitation... Medical record review of the physician telephone orders revealed no order for IM Ativan. Medical record review of the April 2014 MAR revealed a handwritten entry for Alivan 1 mg (milligram) IM Now for increased anxiety/agitation. Further review of the MAR revealed the Ativan IM had not been administored. Further review of the MAR revealed no documentation addressing the reason for not administering the Ativan.

administered.

Medical record review of nursing notes dated April 17, 2014, revealed no documentation addressing the reason for the Ativan IM not being

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEPICIENCIES AND PLAN OF COPRECTION OMB NO. 0938-0391 (X1) PROMOERISLANT IERICLIA IDENTIFICATION NUMBER 1421 METIPLE CONSTRUCTION X3) DATE SURVEY A. BULDING _ COMPLETED 445502 D. WING NAME OF PROVIDER OR SUPPLIER 05/14/2014 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES 182510 PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE FREFIX (CACH DEFICIENCY MUST BE PRECEDED BY FULL ID (MA) COMPETION DATE REGULATORY OR LISC IDENTIFYING INFORMATION. PREFIX TAG CROSS REFERENCED TO THE APPROPRIATE TAG DEFICIENCY {F 514} Continued From page 104 {F 514} Documentation, last reviewed on September 2008, revealed "... Physician Orders... Current list of orders must be maintained in the clinical record..." Review of facility policy, Medication Administration Record: Transcription of Doctor's Orders and Documentation, last reviewed on September 2008, revealed "Documentation procedure. 2. If medication is ...omitted...document reasons on reverse side of the MAR... Interview with Nurse Consultant #2, on April 22, 2014, at 9:40 a.m., in the conference room, confirmed there was no order for the Ativan IM dated April 17, 2014, in the medical record. Interview with Licensed Practical Nurse (LPN) #2. on April 22, 2014, at 10:15 a.m., at the 200/300 nursing station, confirmed LPN #2 had written the nursing note dated April 17, 2014, addressing the Ativan IM, Further interview confirmed LPN #2 failed to write an order for the Ativan IM on April 17, 2014. Further interview revealed "...I had full intention today (April 22, 2014) to write the order (for April 17, 2014). I had already written the order dated April 17, 2014, for the IM Ativan prior to Nurse Consultant #2 addressing the lack of a physician order with LPN #2. Further interview revealed Nurse Consultant #2 had instructed LPN

#2 to date the nurse's signature April 22, 2014.

Interview with Nurse Consultants #1/Acting Director of Nursing and Nurse Consultant #2,on April 23, 2014, at 12:25 p.m., in the conference room, confirmed the expectation was to write the order for the Ativan IM on April 17, 2014. Further interview confirmed the facility's failure to

DEPAR	RTMENT OF REALCH	HAND HUMAN SERVICES		=	*RINTED: 05/27/2014
ÇENT	ERS FOR MEDICARI	F & MEDICAID SERVICES			- FORMAPPROVED
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	And the im on April 1 confirmed LPN #2 the im Ativen order specified the order	on for not administering the 7, 2014. Further interview was expected to have dated as April 22, 2014, and	(F 514		
(F 520) SS=F	483.75(0)(1) QAA COMMITTEE-MEM QUARTERLY/PLAN	BERS/MEET	(F 520)	F 520 Christian Care Center of Rutherford Cou	inty
	nursing services, e i	ain a quality assessment and se consisting of the director of physician designated by the digital designated by the		believes its current practices were in compliance with the applicable standard care, but in order to respond to this cita from the surveyors, the facility is taking following additional actions:	tion
,	resules with respect the and desurance activities and implementation to correct identification in the received and in the received in the requirements of this second in the requirements of this second in the requirements of this second in the requirements of the	least quarienty to identify of which quality assessment tios are necessary; and tents appropriate plans of diffied quality deficiencies. For may not require ands of such committee the disclosure is related to the committee with the		Physician's Orders are now being follows Resident #10, #13, #14, #19, #26, #28, #3 and #30. Resident #1 was a closed chart. Resident #24 was discharged on 4/23/14 Resident #3 was transferred to acute car 3/29/14. Resident #3 returned to the faction 3/31/14. Resident #3's medications were conciled from the previous provider accurately on 3/31/14 by the DON. Resident #3 was discharged from the facility on 4/4	ed for 29 1. e on cility vere
;	Good faith attempts t and correct quality de a basis for sanctions.	by the committee to Identify Niciencles will not be used as		Identification of Other Residents with Potential to be Affected	
	by: Based on review of N	is not met as evidenced fedication Réview 3 Month eline of Events, review of		Current residents have a potential to be affected by this practice. On 4/28/14, a F Performance Improvement Committee meeting was held by the DON to discuss results and plans from initial annual surve	

DEPAR	SIMENTION HEALTH	AND HUMAN SERVICES			PRINTED: 05/27/201
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(F 520)	Continued From pag	10 10C	<u></u>	include failure to follow physician's o	rders.
, ,		desirate de la companya del la companya de la compa	(F 52	failure of the facility to be free of sign	ificant
	record review review	dinission Audis, medical		medication errors, and failure to deve	elop a
	facility Regions and	v of facility policy, review of		plan of action to prevent these issues	
	Addition and Minutes	Improvement Committee , and Interview, the facility		Committee members present were th	ıe.
	ਤਿਸ਼ਿੰਦਰੀ to develop a ਜ	an of action related to the		Administrator, Director of Nursing, M	edical
	failure to follow phus	icians orders for eloven		Records Clerk, MDS Coordinator, and	the
	residents (#1, #3 #1	0, #13, #14, #19, #24, #26,		Medical Director and Attending Physic	rians via
	#28, #29, #30); faifur	e to administer medications		conference call. Discussions included	follow.
	as ordered resulting	in neglect for two residents		up to recent survey such as 100% and	it of
	(#3, #19); fallure to e	nsure quality of care for		active residents' admission/re-admiss	ion
	oight residents (#1 #	3, #10, #13, #14,#19, #24,		orders from the facility-pharmacy mai	ching
	#29); tallure to ensur	e the facility was free from		the discharge orders from the previous	ie .
	significani medication	1 CMOIS for two residents		provider, ensuring all pages were faxe	d to the
	(#3, #14); fallure (o e	NSUIG the hospital		pharmacy and reconciled correctly on	to the
	madication discharge	Orders and the facility		MARs, was conducted by the DON and	Muren
	admission medication	1 Ofders (Physician's Distore)		Consultant beginning on 4/18/14; con	n Nuise
	were accurately recol	TOKON TOP SEVEN residents		on 4/22/14. The results of these admi	rpieteo ssion/
	(#3, #10, #13, #19, #:	24, #26, #29) of the		re-admission order audits and the acti	ssion,
	unny-one residents re	wiewed. The facility's failure		taken by the DON and Nurse Consulta	U[]
	to ensure the physicia	IN'S arcers were followed.		follows: Orders not transcribed correct	thu anto
	ing failure to administ	er medications as ordered.		the MAR affected nine residents. The	aly onto
	ing lanure to ensure t	he facility was free from		residents' medications were reconciled	ie.
	signineant medication	errors, the failure to ensure		correctly onto the MAR by the Nurse	¹
	riospuus medigallon di facilist Dhusialaata Ysa	scharge orders and the		Consultant on 4/22/14. Omission of	
	raumy Physician's On Odmiesion ardorei	ders (facility medication		medication administration doses affect	1
	and the failure of the t	re accurately reconciled, acility's Quality Assurance		two residents. MD and family notified	ed ed
	Committe to ensure a	etiective Performance		errors on 4/22/14 by Nurse Consultant	lot
	improvement program	was in place, resulted in		Mursing advertion for licensed staff by	
j	lie igong mamaranan Lubraggel, pisipaggan	a situation in the provider's		Nursing education for licensed staff by	DON
j	roncompilance with A	ne or more requirements of		occurred regarding these errors on 4/2	2/14.
1	participation has cons	ed, or was likely to cause,		Also on 4/25/14, the DON re-wrote	
,	serious injury harm in	ipaiment of death) for		clarification orders for all resident-char	
t	hree residents (#3, #1	4 #19) of thirtycone		for this issue by matching current orde	rs to
r	esidents reviewed. Th	10 Systems failure had the		current MARs to ensure physician's ord	ers are
	ratential to place all re	sidents in the facility who		followed for accu-checks and sliding so	ale .
,		IN THE STATIST PALIES		insulin and that medication reconciliati	nn is l

received medications in immediate Jeopardy.

The Administrator, Regional Administrator

insulin and that medication reconciliation is

correct. The remaining residents' medications were reconciled by the Nursing staff during

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		DE RUTHERFORD COUNTY LLC		262 Enon Springs Road East SMYRHA, TN 37167	f and a second		
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(F 520)	Consultant, Assistar Consultant #1/Acting Consultant #2, Nurse Vice-President of Cli Director #1 were Info	of Director of Nursing, Nurse ig Director of Nursing, Nurse se Consultant #3, lient Operations, and Medical formed of the Immediate	{F 52	the MAR change-over procedure de	checked by nd 4/30/14		
	Jeopardy on April 24 Conference Room.	4, 2014, at 10:55 a.m., in the		Systematic Changes			
	The Immediate Jeopardy was effective March 14, 2014, and was ongoing.		Standing Orders were revised and signed by the Medical Director on 4/28/14. Facility protocol for sliding scale insulin				
	F224-K, F309-K, and			administration was discontinued by Medical Director on 4/28/14. Per th Director's approval, sliding scale inst	ne Medical ulin		
,	≪074.	was conducted on April 24.		administration will follow the physic discharge orders from the hospital/p provider. Pharmacy was notified of	cian's previous		
1	The facility provided an acceptable Allegation of Compliance on May 8, 2014, and a revist on May 13, 2014, and May 14, 2014, revoaled the corrective actions implemented on May 2, 2014, removed the Immediacy of the Jeopardy.		revision for Standing Orders on 4/29/14. These Standing Orders were placed in the residents' charts and in the front of the MARs by the DON on 4/29/14, who instructed each nurse when and how to use these orders and				
Noncompliance for F-520 continues at a "F" level citation for the facility's monitoring the effectiveness of corrective actions in order to ensure sustained compliance and evaluation of the processes by the Quality Assurance Committee.		where they could be located; completed on 5/1/14. Any issues of noncompliance with medication reconciliation of admission/readmissions, accu-check performance/sliding scale administration, drug irregularities, or inadequate medical care will be					
7	The findings included:	!		communicated to the Medical Direct DON and to the Performance Improv Committee on the day of discovery o	vement		
() C G FE	completed by the Direct April 2, 2014, in respon of the significant medic evepled, the facility ha	corrective action plan), ector of Norsing (DON) on inse to the DON's discovery loation errors for resident #3		ensure appropriate steps are taken to the problem. Focus of noncompliant found during the recent survey will b of the Performance Improvement Co to remedy issues in a timely manner.	o remedy tissues e priority omnittee		

PEPARTMENT OF HEALTH AND RUMAN SERVICES

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(F 520) Continued From page 108

hospital discharge records when reconciled with the facility's admission medication orders and Médication Records (MARs) sont from the pharmacy. Continued review revealed the April 2, 2014. Plan of Correction was developed by the DON which stated the facility would complete a 100 % (percent) audit of all active residents by conducting a reconcillation with the MARs and the Physician Orders. Continued review revealed the Plan of Correction was to provide education of all Licensed Nursing Staff on the new system to be initiated requiring two nurses to double check the hospital discharge orders with the Physician's Orders and the MARs. Further review revealed the Plan of Correction was for each admission record to be reviewed in morning Stand-up meeting on the "following husiness day" after a resident's admission or readmission to the facility. Continued review revealed each physician order, after a resident's admission to the facility, was to be verified by nursing administration "...the following business day..." Continued review of the Plan of Correction revealed the plan was ongoing with each new admission and physician order.

Review of Porformanco Improvement Meeting Minutes, dated April 10, 2014, revealed the DON. Administrator, Assistant Director of Nursing (ADON), Pharmacist #1, Medical Director #2, Medical Director #1, as well as other facility staff attended the April 10, 2014, Performance Improvement meeting (Quality Assurance), Continued review revealed, "...Issue resident admitted, pharmacy only received 3 of the pages...Resolution plan. 1. All orders faxed and both nurses' sign and fex confirmation and name. of pharmacist who received the fax, 2. When medication arrive 2 nurses will check the POS

(F 520) Monitoring

Facility ID: TN7500

A Performance Improvement Committee meeting will be held monthly in which the Medical Director and Attending Physicians will take an active role in coordination of medical care at the facility. The Medical Director can communicate to each Attending Physician during this monthly meeting regarding oversight to the extent possible that care is adequate. Each Attending Physician has contact information for easy accessibility to the others—including to the Medical Director. A Performance Improvement Committee meeting will be held monthly for discussion and communication by the DON/ADON of issues found from audit results of New Medication Reconciliation Audits, accu-check performance/sliding scale administration audits, failure to follow physician's orders, failure to be free of significant medication errors and other resident issues that have arisen to ensure there is an effective Performance Improvement Plan in place. A Performance Improvement Committee meeting consisting of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Pharmacy Consultant, Quality Assurance Nurse, and MDS Nurses was conducted on 5/22/14 and results of the above audits were found to be in continued compliance. The daily accuchecks/sliding scale insulin administration audits and the daily medication reconciliation audits will continue to be completed daily for three months. The monthly MAR audit for compliance will continue to be conducted daily for three months as a recommendation

the Administrator was also notified by email on April 4, 2014, of the results of the charl audits,

201%

FORM CMS-2567(02-59) Previous View one Observe

Consultant #1 failed to follow-up on the audit until

medication errors during the interview on April 17.

Interview with the Administrator on April 21, 2014, at 9:40 a.m., in the Conference Room, confirmed

informed by the surveyor of the on-going

Executio 440413

Facility 00: TN7589

Management Consulting entity.

5/22/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/27/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED. OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (K1) PROVIDER/SLPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF COPRECTION X31 DATE SURVEY COMPLETED A. BUILDING 445502 B. WING 05/14/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 (X4) ID SUMMARY STATEMENT OF DEFICENCIES PROVIDERS PLAN OF CORRECTION ID. PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION I 740 CROSS REFERENCED TO THE APPROPRIATE TAG DAN DÉFICIENCY (F 520) Continued From page 110 (F 520) Continued interview with the Administrator confirmed the Administrator also failed to follow-up on the results of the audit and was aware the medication errors had been identified. Further interview confirmed no action had been taken by Nursing Administration Staff or the Administrator to address the audit concerns, Further Interview confirmed the Administrator had participated in the last Performance Improvement meeting on April 10, 2014, and "...talked about reconciliations..." Continued interview confumed the Administrator had "...discussions..." with the pharmacy related to the modication errors which had occurred. Further interview confirmed no new plan had been put in place since the original Plan of Correction presented by the DON on April 2, 2014. Interview with Medical Director #2 on April 21, 2014, at 11:52 a.m., in the Conference Room. revealed "...was at the last Performance Improvement meeting (April 10, 2014)...don't remember specifics ... talked about changing processes...and issue with medications... would expect something to happen...Not sure of specifics... Not aware of what the checks and balances were in place... Not aware of what pharmacy has or had in place to correct issues..." Interview with Medical Director #3 on April 22. 2014, at 9:30 a.m., in the conference room,

issue...*

revealed "...was not at last Performance Improvement meeting (April 10, 2014)...was aware was working on issue of confusing hospital discharge orders due to multiple sets provided to the facility...The administrator has not as yet approached (Medical Director #3) to address the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/27/2014 FORM APPROVED OMB NO 0938-6301

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p.m., in pharma Improve Continua confirm medical was away which he confirm process issues. Pharma resident Physicia admissis Refer to F333-L. Validated Complia 13, 2014 record reinterview. The faci reconcili in-service physicial admissis medicali blood gluod gacues cale ins	wwith Phar the Conferencial attended interviewed the pharm to correct in Continued in the factor of the factor of the factor of the factor of the Cremes was actor of the Cremes was actor of the Cremes was actor of admires with Nurselity provided attention of admires on reconciliarcose monitohecks and willin orders.	macist #1 April 22, at 1:25 ence Room, confirmed the d the last Performance ing on April 10, 2014, v with Pharmacist #1 macist was aware of the lation issues, and confirmed lan of Correction processes lituted. Further interview macy had instituted an internal medication reconciliation hterview confirmed harmacist #2 were to audit all lischarge orders with the he day following a resident's	{F 52	20}				

medication orders.

The facility provided documentation of an

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mance improvement Meeting 014, to discuss the new saion medication reconcilation by process, and physician so and provided evidence of formanco improvement will meet monthly for three as. The medication error audits, saion orders audits, accu-check g scale administration audits of ensure accurate medication edures are in place as in graph staff had been protocol for new ston medication order macy protocol, medication an standing orders.	(₹ 52	0}		
r level "F" a deficient practice actual harm with potential for harm, that is not Immediate wides an acceptable plan of				
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